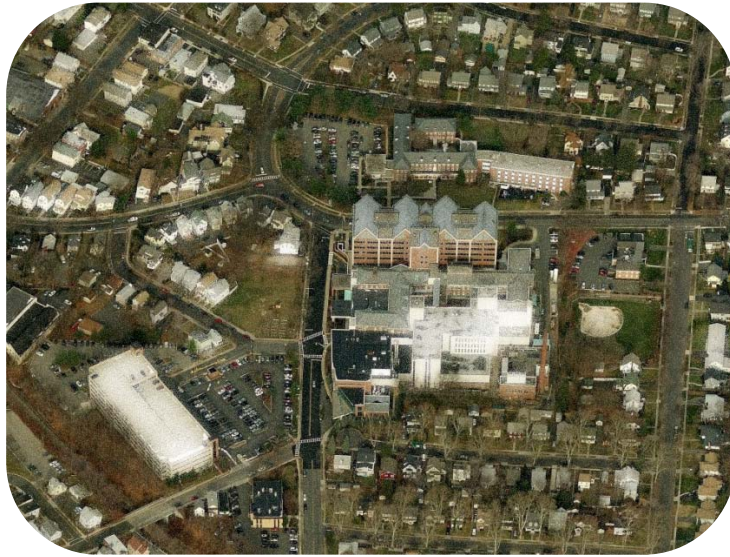


HUMC/Mountainside Hospital Redevelopment Plan



Date: July 2016

Prepared for:
Montclair Township
Glen Ridge Borough

Prepared by:



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Redevelopment Plan
For the HUMC/Mountainside Hospital Redevelopment & Rehabilitation Area
Prepared by

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Adopted By Montclair Council: July 26, 2016

Adopted By Glen Ridge Council: August 8, 2016

The original of this report was signed and sealed in accordance with N.J.S.A. 45:14A-12



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Jan. 2016

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1.0 Introduction & Background

1.1 Overview

This Redevelopment Plan has been prepared for the Hackensack University Medical Center/Mountainside Hospital Redevelopment Plan Area (“Plan Area”). The plan area contains 21 tax lots totaling approximately 8.5 acres, with portions located in both Montclair Township and Glen Ridge Borough within Essex County, New Jersey. The preparation of this Redevelopment Plan is the result of a joint effort between the two municipalities. The Redevelopment Plan Area includes 17 properties that were designated by the municipalities as “areas in need of redevelopment” and 3 properties that were “areas in need of rehabilitation.” All but one property is owned or leased by HUMC/Mountainside Hospital or one of its affiliates. This Redevelopment Plan provides the regulations and guidelines that shall be used by both municipalities to implement the redevelopment of the Plan Area.

1.2 Statutory Basis for the Redevelopment Plan

In accordance with the statutory requirements of the Local Redevelopment and Housing Law (LRHL) pursuant to N.J.S.A. 40A:12A-1 et seq., the Governing Bodies of each municipality directed their respective Planning Boards to determine whether the Study Area (Figure 1) would meet the criteria to be designated an Area in Need of Redevelopment and/or an Area in Need of Rehabilitation¹.

Glen Ridge and Montclair jointly retained H2M Associates, Inc. to conduct the Area in Need of Redevelopment Investigation. After study and analysis, H2M prepared a written report entitled the “*HUMC/Mountainside Hospital Study Area -- Area in Need of Redevelopment and Area in Need of Rehabilitation Preliminary Investigation Report*,” dated April 2015.

A joint public hearing of the Glen Ridge Borough and Montclair Township Planning Boards was held on May 18, 2015. Based on their review of the before mentioned report and the testimony presented during the public hearing, the Montclair Planning Board recommended that 16 of the 19 Study Area properties located in Montclair be designated an Area in Need of Redevelopment and the remaining 3 be designated an Area in Need of Rehabilitation; and the Glen Ridge Planning Board recommended that the 2 Study Area properties located in Glen Ridge be designated an Area in Need of Redevelopment².

The Governing Bodies of each municipality adopted Resolutions endorsing the findings of their Planning Boards, thereby officially designating the Study Area properties as an Area in Need of Redevelopment and/or an Area in Need of Rehabilitation.³ A summary table of the designations is presented below.

¹ Glen Ridge Borough Council Resolutions dated July 14, 2014 and April 27, 2015; and Montclair Township Council Resolutions dated July 22, 2014 (R-14-107) and March 10, 2015 (R015-056)

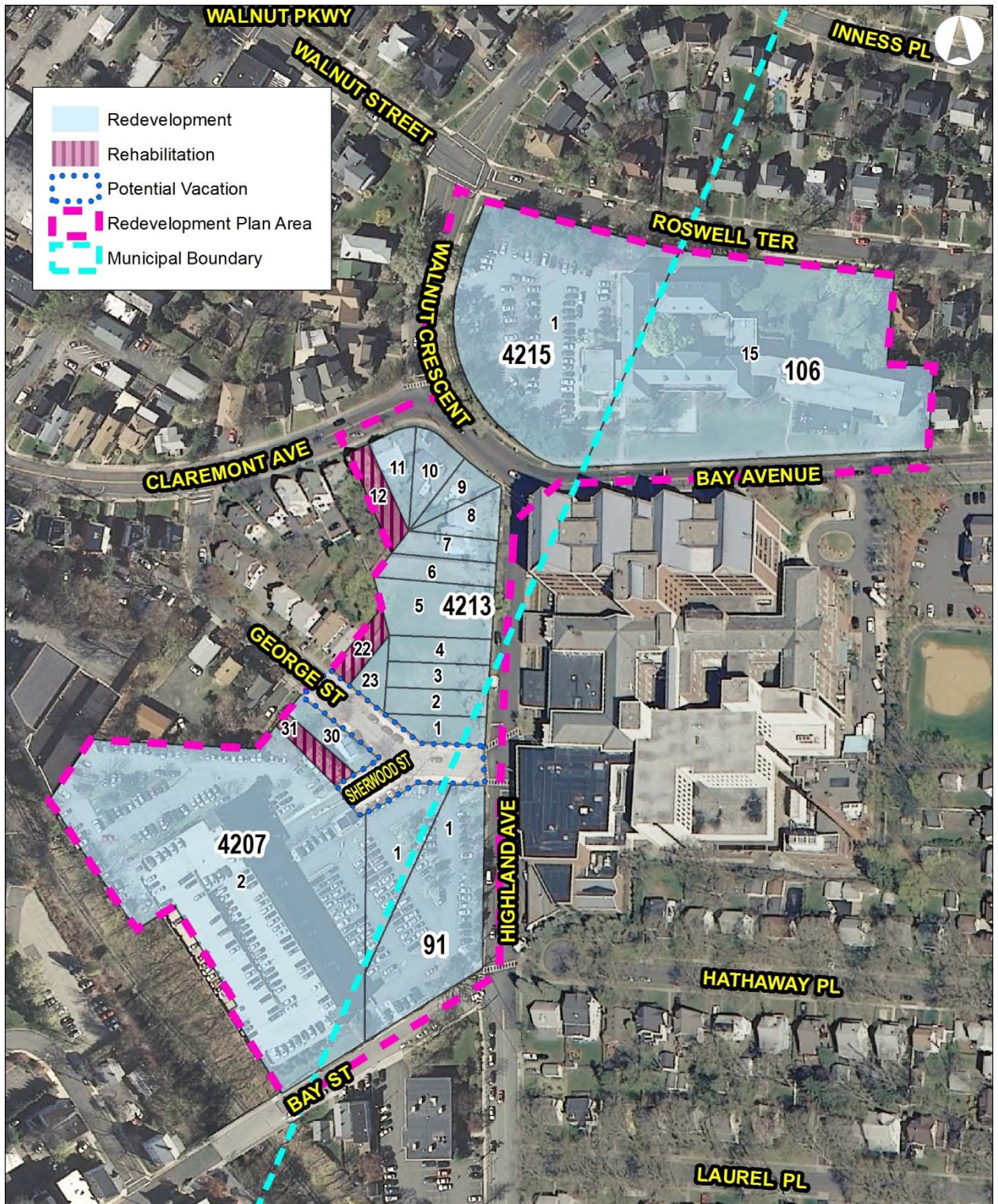
² Glen Ridge Planning Board Resolution dated May 20, 2015; and Montclair Township Planning Board Resolution, dated July 13, 2015

³ Glen Ridge Council Resolution dated May 26, 2015 (No. 82-15), and Montclair Township Resolution dated July 21, 2015 (R-15-117)

Table 1: Study Area Properties

Block	Lot	Location	Existing Use	Designation
Glen Ridge Borough				
91	1	HIGHLAND AVENUE	Surface Parking	Redevelopment
106	15	311 BAY AVENUE	Nursing School	Redevelopment
Montclair Township				
4207	1	BAY STREET	Surface Parking	Redevelopment
4207	2	SHERWOOD STREET	Deck & Surface Parking	Redevelopment
4207	30	34 SHERWOOD STREET	Dwelling	Redevelopment
4207	31	32 SHERWOOD STREET	Dwelling	<i>Rehabilitation</i>
4213	1	2 WALNUT CRESCENT	Vacant Land	Redevelopment
4213	2	4 WALNUT CRESCENT	Vacant Land	Redevelopment
4213	3	6 WALNUT CRESCENT	Vacant Land	Redevelopment
4213	4	8 WALNUT CRESCENT	Vacant Land	Redevelopment
4213	5	12 WALNUT CRESCENT	Vacant Land	Redevelopment
4213	6	14 WALNUT CRESCENT	Vacant Land	Redevelopment
4213	7	16 WALNUT CRESCENT	Dwelling	Redevelopment
4213	8	18 WALNUT CRESCENT	Dwelling	Redevelopment
4213	9	20 WALNUT CRESCENT	Dwelling	Redevelopment
4213	10	22 WALNUT CRESCENT	Dwelling	Redevelopment
4213	11	8 CLAREMONT AVENUE	Dwelling	Redevelopment
4213	12	12 CLAREMONT AVENUE	Dwelling	<i>Rehabilitation</i>
4213	22	4 GEORGE STREET	Dwelling	<i>Rehabilitation</i>
4213	23	2 GEORGE STREET	Vacant Land	Redevelopment
4215	1	WALNUT CRS.& ROSWELL	Nursing School	Redevelopment

Figure 1: Study Area Map



1.3 HUMC/Mountainside Hospital: The Need for Change

Opening its doors in 1891, the Hospital's history in Glen Ridge and Montclair spans more than 120 years.

Today, seismic shifts occurring in the healthcare industry are requiring health care entities to evolve and adapt in order to keep pace with the changing environment. A number of factors, in combination, are contributing to the current shift in the way health care is provided, including, but not limited to, recent changes in health laws (Affordable Care Act) and insurance, steadily rising health care costs, the closing of major acute care facilities throughout the region, and the need to care for the aging baby boomer population.

A transformation in care delivery is needed to ensure health care entities can deliver the breadth and quality of healthcare services the community expects and deserves. Two of the most critical issues facing the Montclair and Glen Ridge area are: 1) the deficit of primary care physicians in the hospital service area and 2) the lack of Class A office space needed to attract those physicians.

In the future, hospitals and physicians must transform themselves into comprehensive care enterprises in order to be adequately paid in the new era of population health management. Leading healthcare organizations are making significant investments to create integrated delivery networks encompassing primary care, acute care and post-acute care. A primary care-led clinical workforce is a crucial element for successful population health management.

Class A office space is needed to attract and retain the best physicians and medical professionals in a rapidly-evolving, highly-competitive healthcare environment. Class A office space represents the newest and highest quality buildings in their market. They possess high-quality building infrastructure, are well located, have good access, and are professionally managed. As a result, they attract the highest quality tenants.

The development of a Medical Office Building ("MOB") on the HUMC/Mountainside Hospital (the "Hospital") Campus will enable the Hospital to enhance the scope and quality of comprehensive care services provided, while bringing additional economic and quality of life benefits to their people.

The Hospital provides an inherently beneficial service and critically important function to the region. For it to survive (and thrive!) as a local institution, HUMC/Mountainside Hospital needs to be able to evolve its offerings and keep pace with the ever-changing medical needs of health care providers and patients.

1.4 The Planning Process

Having officially designated the “HUMC/Mountainside Hospital Redevelopment and Rehabilitation Area,” Glen Ridge and Montclair jointly retained the Consulting team of H2M Associates and VHB (“H2M-VHB Team”) to prepare this Redevelopment Plan. Montclair’s Architectural Consultant, Smith Maran Architecture + Interiors, also assisted in the planning process, and guided the team on architectural design.

The H2M-VHB Team worked closely with the Planning Staff and municipal representatives of both communities to prepare a Plan that would work effectively in each town.

1.4.1 *Public Outreach & Stakeholder Involvement*

The planning process was initially informed by comments and concerns heard by the Team at public meetings held during the Area In Need of Redevelopment Study/Preliminary Investigation phase. This included a community meeting held within the HUMC/Mountainside Hospital Auditorium and a Joint Glen Ridge-Montclair Public Hearing. Both meetings had several dozen attendees.

As part of the preparation of the Redevelopment Plan, Glen Ridge and Montclair continued to provide opportunities for community engagement. This Plan is largely built on the comments, feedback, and ideas heard by the Team during the following meetings and events:

- Montclair 4th Ward Public Meeting, 11/30/15
- Glen Ridge Public Meeting, 12/15/15
- Laurel Place Residents Meeting, 12/15/15
- George Street Residents Meeting, 4/8/16
- Roswell Terrace Residents Meetings, multiple dates
- Glen Ridge Historic Preservation Commission Meeting, multiple
- Glen Ridge Planning Board Meetings, multiple
- Montclair Economic Development Committee Meeting, multiple
- Montclair Redevelopment Committee Meetings, multiple
- Montclair Planning Board Meetings, multiple
- Combined Glen Ridge / Montclair Planning Board Public Meeting, 2/29/16, 5/11/16

At these meetings, residents and stakeholders gave voice to a number of issues they experience in the area currently, or believe will result from new development. Specific issues raised during these meetings included:

- Hospital encroachment into the surrounding residential neighborhoods
- Loss of housing stock
- Visual impact of new development on surrounding residents
- Exacerbation of existing problems with illegal on-street parking and parking shortages
- Emergency Room parking deficiencies
- Safe circulation for pedestrians
- Exacerbation of problems at poorly operating intersections
- Illegal traffic movements made by trucks and ambulances
- Street names confusion (due to names changing when crossing town boundaries)
- Poor wayfinding of hospital facilities around the campus
- No space for Hospital Staff to take breaks, eat lunch, etc.
- Ensuring new development generates tax revenues for both municipalities
- Quality of life impacts, including noise and litter
- Architectural compatibility of any new development

1.4.2 *Property Owner Meetings*

HUMC/Mountainside Hospital and its affiliates own or lease all but one property in the Redevelopment/Rehabilitation Area. As the major land holder, the Hospital was an important stakeholder and engaged participant throughout the planning process.

The Team met with the Hospital and its representatives on numerous occasions to discuss the Hospital's redevelopment needs and objectives. The Hospital's development consultants provided the Team with conceptual plans to illustrate their preferred building size, parking locations, and street improvements, for example. In preparing multiple concept iterations, the Hospital's consultants sought to respond to various concerns voiced by the Community and relayed by the Project Team. The Hospital's concepts were useful tools in determining, for example, where parking could be located to accommodate the entire campus needs, where open space may be appropriate, where driveways should be located, and other such site design issues. While the concepts allowed for an important exchange of dialogue as to multiple design alternatives, they are not part of this Redevelopment Plan.

2.0 Existing Conditions

2.1 A Hospital “Campus”

The Redevelopment Plan Area encompasses properties located generally to the north, west and southwest of the existing HUMC/Mountainside Hospital building. While the Hospital itself is located outside of the Plan Area, it featured prominently in the discussions leading up to the Plan. The Redevelopment Area properties function as part of, and serve the needs of, the overall HUMC/Mountainside Hospital “campus.” The Plan area, for example, accommodates nearly all of the Campus’s parking supply, and carries the bulk of vehicle and pedestrian traffic along its circulation network. As such, any redevelopment taking place in the Plan Area, must carefully consider the needs, issues and opportunities of the entire campus, while also recognizing that the existing Hospital building and other HUMC/Mounainside-owned properties located outside of the Plan Area have operated, and will continue to operate, under pre-existing zoning and land use approvals.

2.2 Existing Land Use

Properties in the Redevelopment Plan Area include:

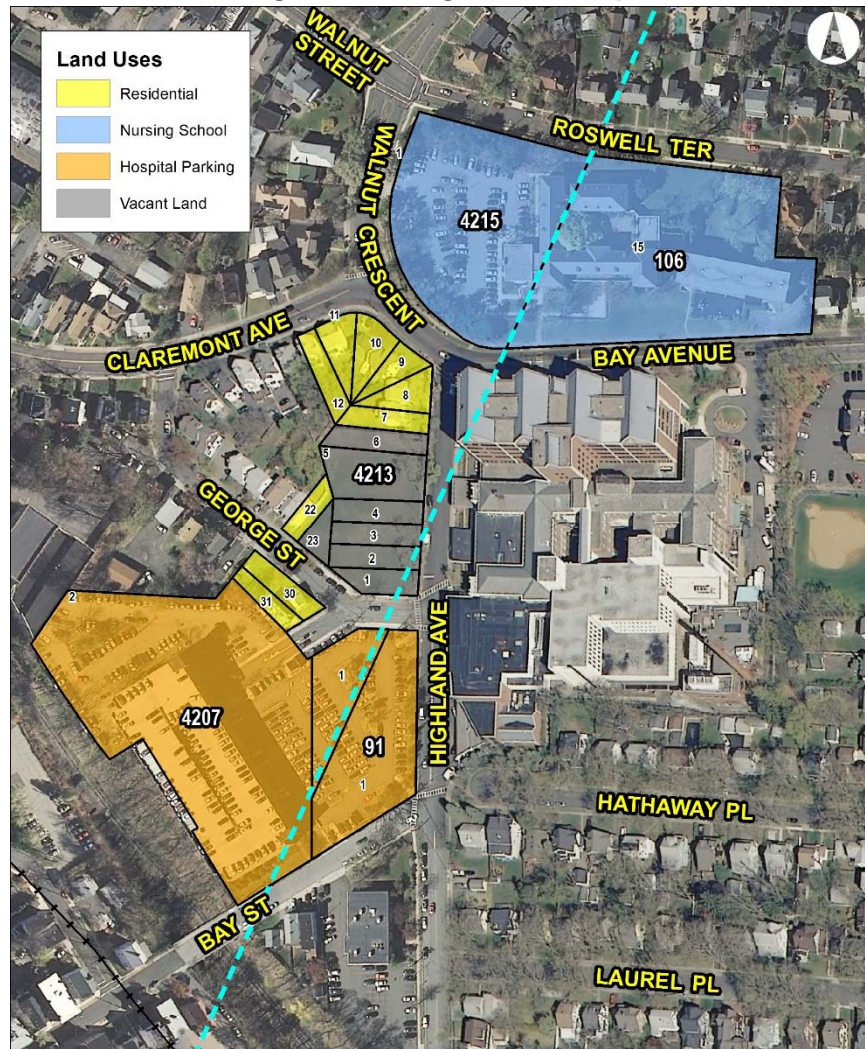
- **Block 4215 (M), Block 106 (GR)** - Former School of Nursing to the north of the Hospital
- **Block 4213 (M)** - Residential lots and vacant land to the west of the Hospital
- **Block 4207 (M), Block 91 (GR)** - Main parking area/parking garage to the southwest

All but one (1) of the properties in the Plan Area are owned or leased by the Hospital or one of its affiliates. The two-family home located on Block 4207, Lot 31 (32 Sherwood Street) is privately owned. Land Uses are shown in the map below.

The municipal boundary between the Borough of Glen Ridge and the Township of Montclair cuts through the Study area. The boundary line exists so that the former school of nursing school property and the Hospital’s surface parking lot off George Street are split between the two municipalities. All other study area properties are located within Montclair Township. The main HUMC/Mountainside hospital facility, which is located outside of the Study Area, is located fully within the Borough of Glen Ridge.

The context surrounding the HUMC/Mountainside Hospital Campus is unique, particularly when considering the “setting” of today’s newer hospitals. Rather than being situated off a major highway, near a research facility, in a university campus, or in a large city, the Hospital campus is surrounded largely by residential neighborhoods. Intimately scaled, tree lined streets of well-maintained homes surround the campus both in Montclair and Glen Ridge.

Figure 2: Existing Land Use Map



2.2.1 *Block 4215 (M), Block 106 (GR) – Existing Nursing School Property*

The Nursing School site had been occupied by a single residential dwelling until the original Nursing School building was constructed in 1924. Additional wings were added to the school building in the late 1920s and early 1950s for more classrooms, faculty offices, and dorm rooms. An attached dormitory building was built in the 1960s, then abandoned in the mid-1990s when the nursing education program converted from on-campus student living program to a commuter student education program. The Nursing School closed its doors for good in 2014, at which point the program was relocated to a nearby University that would offer a 4-year Bachelor’s Degree program.

There are significant HVAC and design issues in the 1920/1950 buildings that prohibit converting them into a cost-efficient and functional medical offices. These issues are discussed in the Preliminary Investigation Report prepared by H2M Associates, Inc., dated April 2015, and summarized here:

- a. The buildings surround a large courtyard and occupy a 26,000 sf footprint of the site. While the building footprint is larger, it has less square feet for medical office space than a new single medical office building. Given its large footprint, the existing building could not be retained and still provide the required number of parking spaces.
- b. The interior spaces were sized for student dorm rooms and faculty academic offices; they provide an inefficient layout not conducive for medical offices.
- c. There is only one (1) small obsolete passenger elevator for all of the buildings, which is inadequately sized for handicapped individuals.
- d. There is no centralized HVAC system and no airflow system. The heating for the building is generated at Mountainside Hospital and piped beneath Bay Avenue, then distributed by old steam radiators and heating convectors. The air conditioning is primarily provided by individual window units. The cooling convection units leak and have been dismantled.
- e. Due to its age, condition and obsolete design, a significant investment would be needed to gut, convert, and re-use the 1920/1950 Nursing School buildings for modern, energy efficient, and functional medical offices.

The Hospital has informed Glen Ridge and Montclair that it believes the investment needed to renovate or repurpose the existing buildings would far exceed the construction of a new, more efficient medical office building, and could make leasing office space at the site unaffordable to the physicians that will be its occupants.



2.2.2 *Block 4207 (M), Block 91 (GR) - Parking Garage Site*

The site is developed with a multi-level parking deck, surface parking areas and a small brick attendant's booth at the gated entrance to the property. The majority of the site is located in Montclair Township, with the easterly portion of the surface parking lot adjacent to Highland Avenue in Glen Ridge Borough. Access to the parking area is from George Street, and then a turn onto Sherwood Street. Sherwood Street essentially functions as a driveway into the parking area.

The deck was constructed in 1984 with 4 levels, and an expansion of an additional 1.5 levels took place in 1998. The parking deck and surface parking (except for the doctor’s lot) are available for employees and visitors. Visitors pay hourly rates, and daily rates are available to those entering or leaving more than once daily. The Hospital’s parking facilities are managed by a private parking operator, National Parking. As discussed further below (and in the Area In Need of Redevelopment Study), the parking areas are very heavily utilized.



A vacant dwelling owned by the Hospital is located at the corner of George Street and Sherwood Street. This dwelling would be razed as part of the Redevelopment Plan. A privately-owned, two-family residence is located on Sherwood Street, and faces the parking attendant booth.



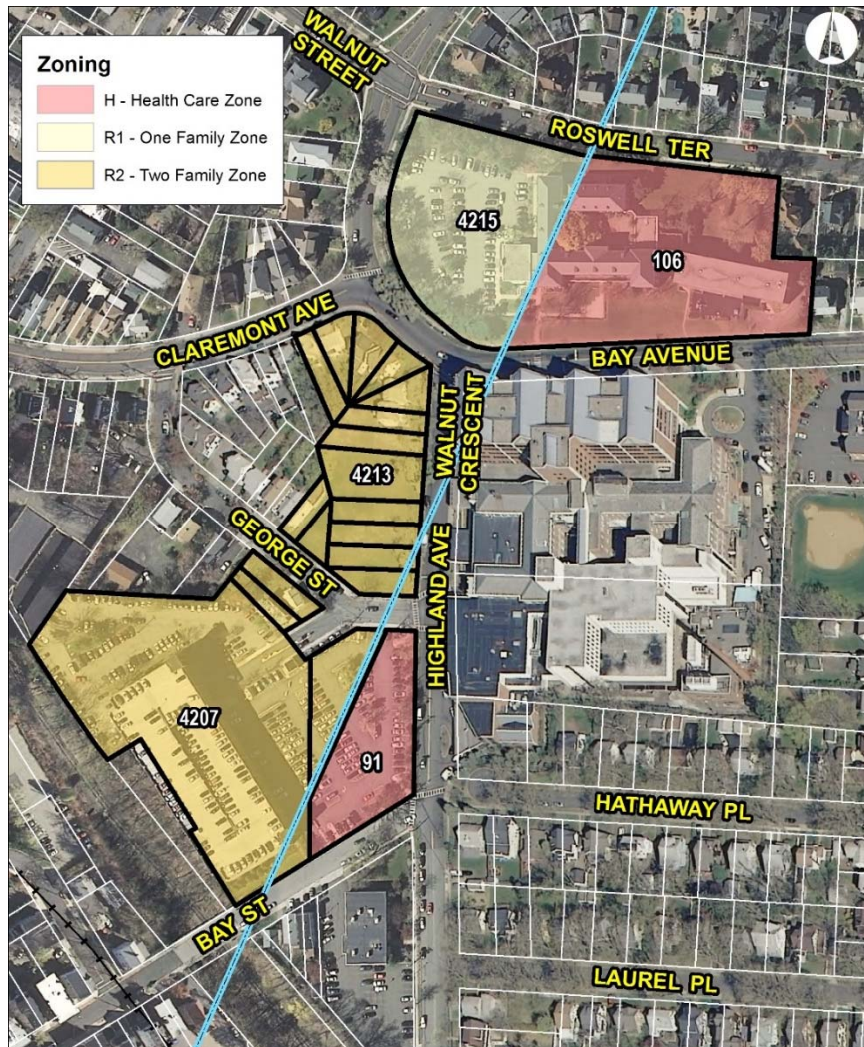
2.2.3 *Block 4213 (M) – Residential and Vacant Land*

Directly to the west of the hospital on the other side of Highland Ave., there are a number of vacant lots and seven (7) residences owned by the Hospital or one of its affiliates. In the past, the homes were rented to students in the medical residency program, newly arriving staff and management personnel. They are being razed to create a cohesive area for development on Block 4213, directly facing the Hospital.

2.3 Existing Zoning

As the Redevelopment Plan Area crosses municipal boundaries, it has historically been subject to the zoning regulations of two municipalities. The properties in the Plan Area located in Glen Ridge are within the Borough’s Health Care Zone (H); while the properties located in Montclair are subject to the One-Family Zone (R1) or the Two-Family Zone (R2). The existing area zoning is shown in the map below.

Figure 3: Existing Zoning



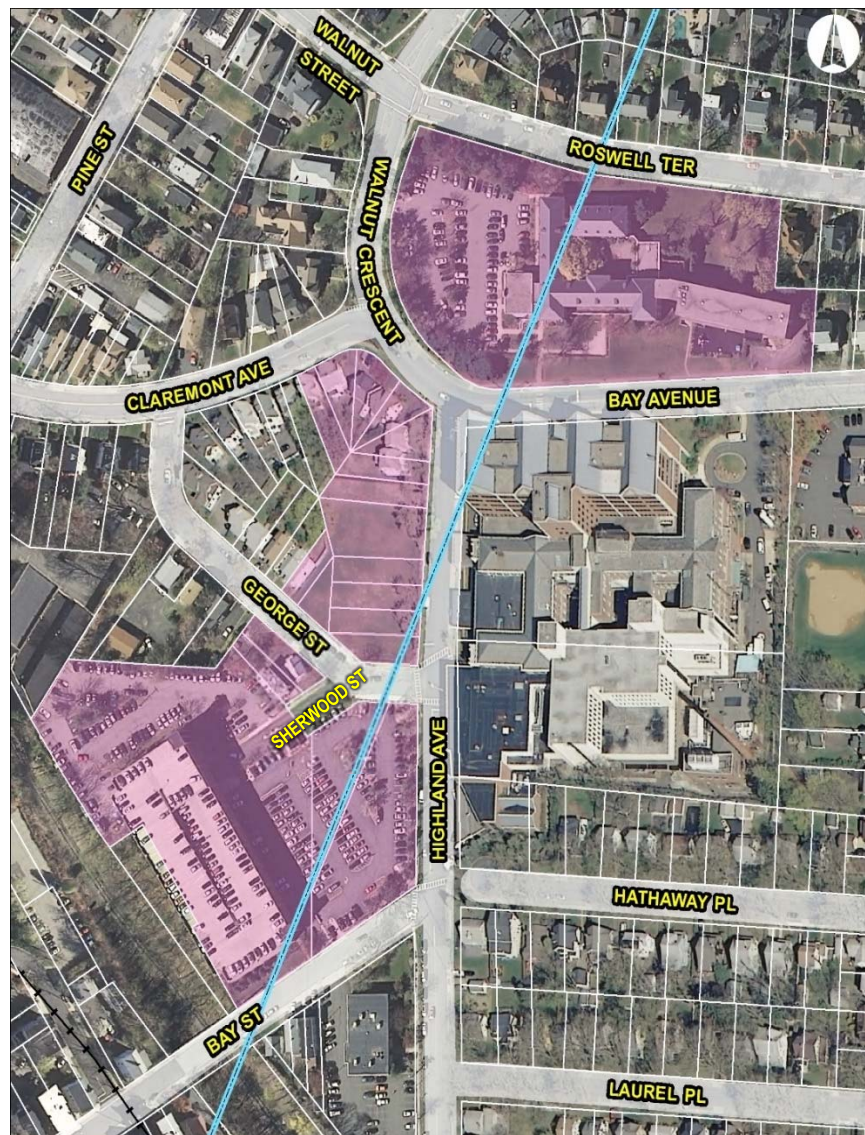
The Glen Ridge H-Health Care Zone permits hospital and related accessory uses, ambulatory care centers, outpatient care facilities, parking garages and parking lots (only south of Bay Avenue), laboratories, medical office buildings (only south of Bay Avenue), and a host of other uses. The R1 and R2 Districts within Montclair, however, limit permitted uses to single and two-family residential and some municipal uses. As a result, the Nursing School property and Parking Garage site have existed as long-standing, legal, non-conforming uses in Montclair. The 2015 Draft Montclair Master Plan expresses the need to create a “Hospital and Medical Office Zone” in this area and clarify zoning regulations as it pertains to healthcare services.

2.4 Existing Circulation

As can be seen in the figure below, the Redevelopment Plan Area is traversed by numerous intersecting streets, forming a complicated street network. The unusual street geometry created by Highland Avenue, Walnut Crescent, Claremont Avenue, Bay Avenue, George Street, and Bay Street consistently results in traffic build-ups between Glen Ridge and Montclair, to/from nearby major highways (GSP and I-280), and to/from HUMC/Mountainside Hospital, a major regional destination.

The heavy traffic, confusing street geometry, uncontrolled intersections, insufficient Hospital wayfinding signage, high pedestrian activity, and added ambulance traffic contribute to unsafe conditions and poor Levels-of-Service in the area. The availability and convenience of parking in the area is also an issue contributing to poor circulation conditions.

Figure 4: Existing Circulation



In addition to vehicular traffic, the Plan Area also accommodates significant pedestrian traffic. Staff and visitors to the Hospital (and previously, to the School of Nursing), must navigate the walk between the parking garage site and their destination buildings, covering distances of several hundred feet.

Therefore, the street network is included within the Plan boundary, as any redevelopment or new development within the Plan Area must include substantial improvements to the circulation networks for vehicles and pedestrians. Circulation improvements could include street re-alignments, street vacations/closures, signalization, new wayfinding signage, enhanced pedestrian conditions, and others. A traffic analysis was conducted as part of this Redevelopment Plan and is included in Appendix A. It evaluates the impact of various improvements on travel conditions, including adding traffic signals at the Walnut Crescent/Bay Avenue and Walnut Crescent/Claremont Avenue intersections.

2.5 Existing Parking

A parking analysis conducted as part of the redevelopment plan preparation (See Appendix A) concluded that under existing conditions, the hospital campus is at near capacity with regards to parking.

At the time of Plan preparation, there were approximately **1,045 parking spaces** on the HUMC/Mountainside Hospital campus. They are divided into a number of facilities, listed in the table below with their designation and parking capacity.

Capacities	
Facility	Existing Spaces
Parking Garage	680
Emergency Lot (in front of Garage)	39
Side Surface Lot (side of Garage)	114
Physician Lot	107
Radiation Oncology	12
Valet (at Former Nursing School)	93
Total	1,045

The Hospital also uses an off-site surface parking area on Sherman Street in Montclair, known as the Sherman Street Lot, for valet parking. This lot is approximately 800 feet from the nearest HUMC/Mountainside building entrance (Harries Pavilion). The lot is not formerly striped; however, the Hospital maintains that it currently serves 44 valet spaces.

As per the parking analysis conducted and summarized in the table below, site-wide utilization for the Hospital reaches a peak of 83.35% between 12:15Pm and 12:30PM. (Note that the off-site Sherman Street Lot and dedicated Radiation Oncology spaces were left out of the analysis.) The high utilization under current conditions means that any new use or development in the zone would have to rely on additional sources of parking.

Peak Utilization by Facility	
Garage, Emergency Lot, and Side Lot	83.19%
Physicians Lot	91.59%
Valet Lot	75.27%
All Parking Facilities	83.35%

In addition to adding capacity, the Redevelopment Plan presents an opportunity to remedy a number of issues with regards to parking. For one, emergency room users, sometimes arriving in a state of panic, are not able to park their vehicle close to the ER. As a result, vehicles are often temporarily left parked on the ER entrance ramp or on Highland Avenue, which is reserved for ambulance parking only. Another issue is the use of on-street parking by hospital visitors. The perception of unavailable parking, or the inconvenience of parking far away, leads some hospital visitors to park on the nearby residential streets, particularly George Street. A third issue relates to visitors being able to navigate to appropriate places to park, as there is insufficient wayfinding signage for the area. This Redevelopment Plan offers a number of recommendations aimed at resolving these issues.

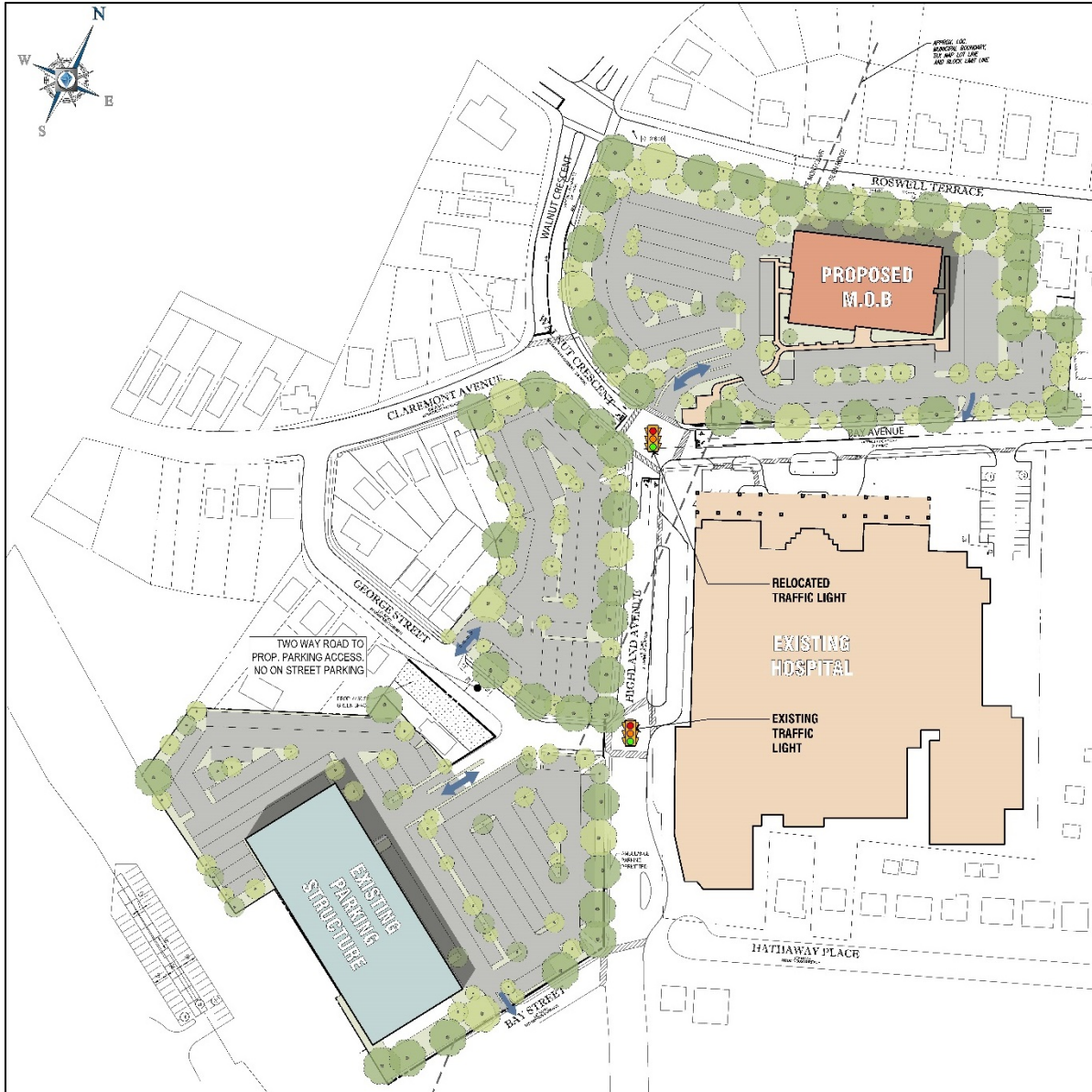
3.0 Redevelopment Vision

The Redevelopment of the HUMC/Mountainside Hospital Study Area shall:

- Enable HUMC/Mountainside Hospital to provide valuable health care services to the citizens of Montclair and Glen Ridge for generations to come.
- Balance the salient needs of existing and proposed medical facilities with the protective needs of the surrounding community.
- Be respectful of all surrounding areas, enabling the Hospital and surrounding neighborhoods to coexist, as they have for generations
- Strive to mitigate potential nuisance impacts, for example, traffic generated by the variety of hospital uses at all times of the day/night, ambulance entrances and delivery drives, multiple sources of noise, viewshed and aesthetic concerns, and others.
- Achieve a high level of design appropriate for a state-of-the-art medical facility, in keeping with the parameters the municipalities determined and in character with the community.
- Improve circulation for motorists, pedestrians and bicyclists.
- Provide adequate parking without sacrificing urban design, which enhances the aesthetic environment and provides a pleasant atmosphere within the community.
- Be fiscally sound for Glen Ridge and Montclair

The Figure below illustrates a potential development concept for the HUMC/Mountainside Hospital Redevelopment Area. The concept was prepared to provide pictorial representation, for ease of understanding, of how the Plan requirements on the following pages can be implemented. The concept shows, for example, a potential location for the Medical Office Building, parking areas and driveways. The concept is not a regulatory drawing, and the site plan ultimately approved by the Reviewing Boards may vary from this conceptual drawing.

Figure 5: Conceptual Plan for Redevelopment



4.0 Land Use Development Regulations and Guidelines

This Plan is a new “planning and zoning document” to be used by both Montclair Township and Glen Ridge Borough. It contains one set of objectives, standards and development requirements for both municipalities, and strives to remove obstacles normally present in a multi-jurisdiction regulatory and development environment.

Development of the Plan Area shall be governed by this Redevelopment Plan. In instances where conformance with specific Montclair Township Ordinances is also required, such ordinances shall only include those referenced ordinances in effect as of the date of the adoption of this Redevelopment Plan, a copy of which ordinances is annexed hereto as Appendix B.

The following sets forth the standards for land uses, building design and site design in the Redevelopment Area.

4.1 Plan Definitions:

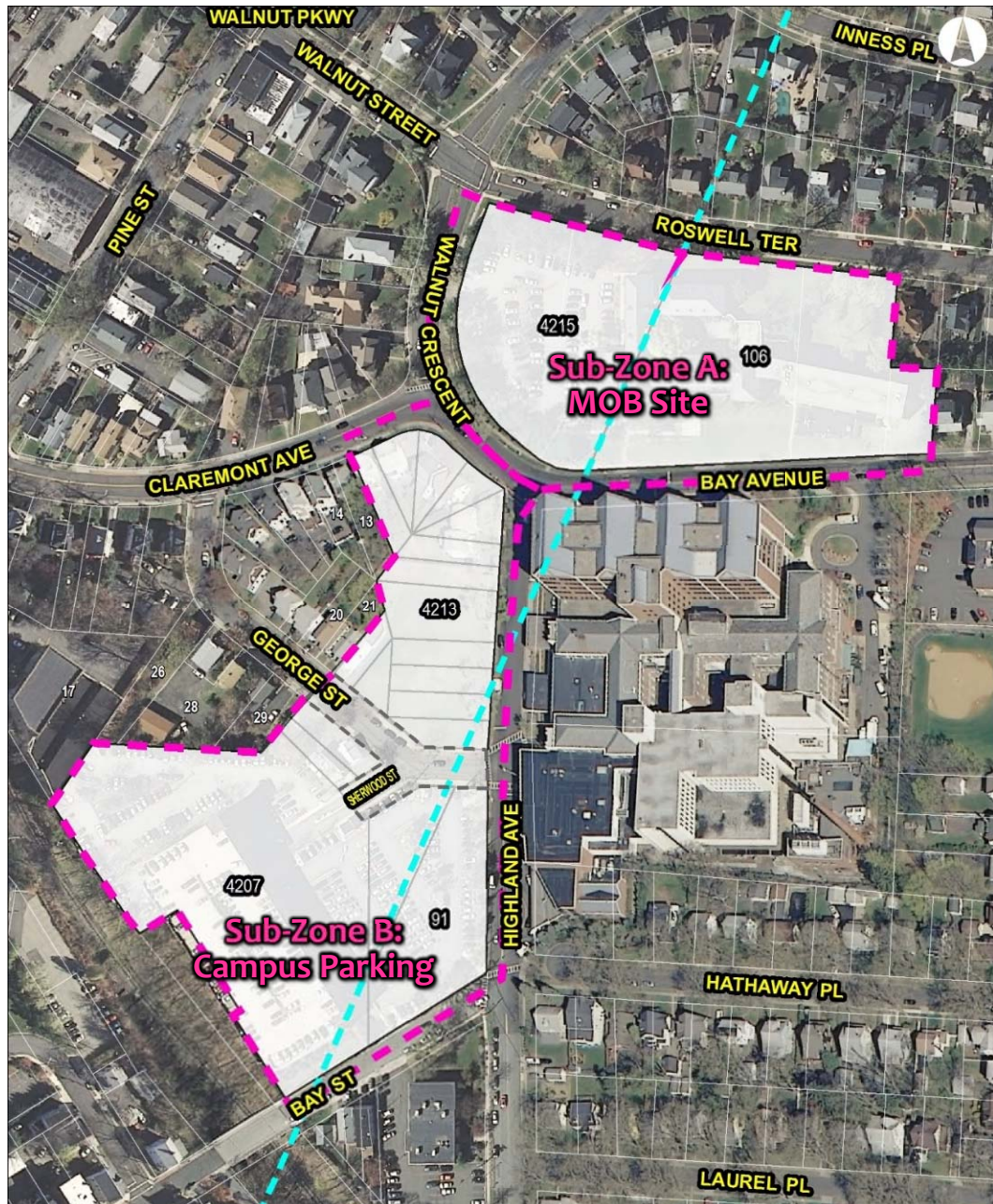
- a. Building Height – The vertical distance measured from the finished first floor to the highest point of the top surface of the structural beams supporting a flat roof, or to the mid-point of a sloping roof, excluding a parapet and mechanical equipment.
- b. Medical Office - The office of medical practitioners, including but not limited to medical doctors, dentists, chiropractors, podiatrists, psychologists and licensed therapists.
- c. Medical or Dental Lab – Facilities and offices for performing diagnostic or medical tests (such as blood test urinalysis, CT Scan, X-ray, or other diagnostic test); and performing analysis of such tests.
- d. Outpatient Surgical Facility – A facility where surgical and medical procedures are performed (including medical procedures such as colonoscopies and mammograms) on patients who are not admitted for an overnight stay.
- e. Shall – Shall is used when a redeveloper is required to comply with a specific regulation, without deviation.
- f. Should – Should is used when a redeveloper is encouraged to comply, but is not required to do so. If the exact recommendation cannot be met, the reviewing Board(s) will entertain a modification that meets the underlying spirit and intent of the guideline and/or the Plan, generally.

4.2 **Redevelopment Sub-Zones**

This Redevelopment Plan establishes two (2) sub-zones for the HUMC/Mountainside Hospital Redevelopment Plan Area, as follows.

Redevelopment Sub-Zone	Montclair	Glen Ridge
• Area A: MOB Site	Block 4215, Lot 1	Block 106, Lot 15
• Area B: Campus Parking	Block 4213, Lots 1-12, 22, 23; Block 4207, Lots 1, 2, 30, 31	Block 91, Lot 1

Figure 6: Redevelopment Sub-Zones Map



4.3 Requirements for Area A: MOB Site

4.3.1 Purpose.

The Area A/MOB Site shall be developed with a state-of-the-art medical office building (“MOB”) for the purpose of delivering primary and specialty healthcare services. The building and site shall be designed to fit within the context of the Hospital campus and simultaneously respect its adjoining neighbors; create a welcoming experience for patients and staff; provide safe circulation within the site and easy connectivity to the wider hospital campus; provide adequate buffering from adjoining residential neighbors; and provide vegetation and natural features to welcome, and reduce the stress of, arriving patients.

4.3.2 Principal Permitted Uses

- Medical Office
- Medical or Dental Lab
- Ambulatory surgical facilities
- Outpatient physical rehabilitation center
- A building containing one or more of the above uses

4.3.3 Accessory Uses

- Uses customarily incidental to the permitted uses, such as medical or dental laboratory, medical testing, and prescription pharmacy
- Underground parking structures
- Surface parking
- Valet parking stands
- Outdoor plaza / open space
- Rooftop solar panels
- Green roof systems on top of a building

4.3.4 Prohibited Uses

Any use that is not expressly listed as a permitted use is prohibited. In particular, the following uses are not expressly permitted by this Plan. Any of the below uses would require further analysis of parking needs and availability, and a redevelopment plan amendment process.

- Dialysis Centers
- Hospital or hospital expansion
- Nursing facility
- Urgent Care Facility
- Substance abuse treatment center
- Overnight medical care

4.3.5 Development Requirements

Tract area:	The Area A/MOB Site shall encompass the entirety of Block 106, Lot 15 in Glen Ridge and Block 4215, Lot 1 in Montclair, a total of approximately 3.6 acres.
Min. Building Setbacks	
From Bay Ave.	25 feet
From Walnut Crescent:	40 feet
From Roswell Terrace:	40 feet
From side yard:	40 feet
Max. Building Height:	3 stories, 45 feet.
Rooftop Equipment	Roof structures housing mechanical or electrical equipment shall be located in the center of the building, shall be appropriately screened and are excluded from the height calculation, provided the total floor area of such structures do not exceed one quarter of the floor area immediately below and provided the height of the roof structure equipment and screening do not exceed ten feet.
Development Intensity (for entire Area A tract):	
Max. Building area (GFA):	62,500 square feet
Max. Building coverage:	20%
Max. Impervious coverage:	75%
Min. Landscape Buffer / Parking setback:	
From Roswell Terrace property line:	40 feet
From Walnut Crescent property line	15 feet
From Bay Avenue property line:	10 feet
From residential property line*:	10 feet
* In the case where an adjacent property is benefitted by an exclusive easement located on any portion of the Area A/MOB Site, the minimum required buffer shall be measured from the edge of the easement, rather than the lot line.	

Figure 7: Area A Development Requirements



The figure above is for illustrative purposes. In the case of a discrepancy between the figure and the development requirements in Section o, Section o shall govern.

4.3.6 *MOB Site Access / Driveways*

- a. Ingress and egress for all areas accommodating parking required for the Medical Office Building, as provided for anywhere within the entire Redevelopment Plan Area, will have gate-controlled access that is to be managed by the property owner or owner's entity.
- b. The primary site ingress/egress is to be a new driveway at the intersection of Bay Avenue, Walnut Crescent and Highland Avenue into the MOB Site that is controlled by a new traffic signal.
- c. At the primary site ingress, the driveway shall be of a minimum length to accommodate the stacking of at least 6 vehicles between the gate and the property line.
- d. The development shall not cause any degradation to the existing Level of Service (LOS) at all approaches, and preferably, should result in improvements to existing LOS (See Section 9.4, Intersection Improvements).

4.3.7 *Patient Drop-Off*

- a. The drop-off area at the primary entrance to the MOB building shall accommodate two (2) travel lanes, each a minimum of ten (10) feet in width.
- b. A canopied roof should be considered over the front entrance area of the medical office building to protect visitors using the drop-off area. The canopy may extend into the required front setback area.

4.3.8 *Property Address*

It is recommended that a new address for the site be requested from the Post Office. The MOB address should be different from the Hospital's address. However, to avoid public confusion, a Montclair address is preferred since the Hospital has a Montclair address.

4.3.9 *Hours of Operation*

Hours of operation shall not be between 10PM and 6AM.

4.4 **Requirements for Area B: Campus Parking**

4.4.1 *Purpose*

The Area B/Campus Parking Area will serve the parking and circulation needs of the HUMC/Mountainside Hospital, as well as a portion of the parking required for the Area A/MOB site. Area B shall be designed with adequate parking facilities without sacrificing urban design or the aesthetic environment as described here and elsewhere in this Plan. This Plan contemplates that the Hospital may implement a second phase of redevelopment for Area B at some point in the future, which could include an addition/expansion of the parking garage, hospital building expansion or new medical office, for example. At such time, this

Redevelopment Plan would need to be amended to assess those uses and the ability of the site to accommodate additional development intensity.

4.4.2 *Principal Permitted Uses*

Montclair Block 4207 / Glen Ridge Block 91:

- Parking garage
- Surface parking
- Outdoor plaza / open space / community garden
- Residential uses in existence at the time of the adoption of this Plan are permitted as existing non-conforming uses

Montclair Block 4213:

- Surface & underground parking
- Outdoor plaza / open space / community garden

4.4.3 *Accessory Uses*

- Solar panels
- Green roof systems on top of a building / parking garage

4.4.4 *Development requirements*

Tract area: Area B/Campus Parking shall encompass the following, as indicated on the Redevelopment Subzones Map (Figure 6): all lots within Montclair Blocks 4213 and 4207 contained within the Redevelopment Plan Area; Glen Ridge Block 91; and the right-of-ways associated with a portion of George Street and all of Sherwood Street.

Min. building setback (parking garage):	
From Highland Ave. and George St.	40 feet
From Sherwood Street	0 feet
From Bay St.	20 feet
From residential properties	40 feet
From non-residential properties	20 feet
From public property or rail ROW	0 feet

Max. building height: 6 stories, or 70 feet

Rooftop Equipment

Roof structures housing mechanical or electrical equipment shall be located in the center of the building, shall be appropriately screened and are excluded from the height calculation, provided the total floor area of such structures do not exceed one quarter of the floor area immediately below and provided the height of the roof structure equipment and screening do not exceed ten feet.

Development Intensity

(for entire Area B tract, excluding George Street if maintained as a public right-of-way):

Max. Impervious coverage: 75%

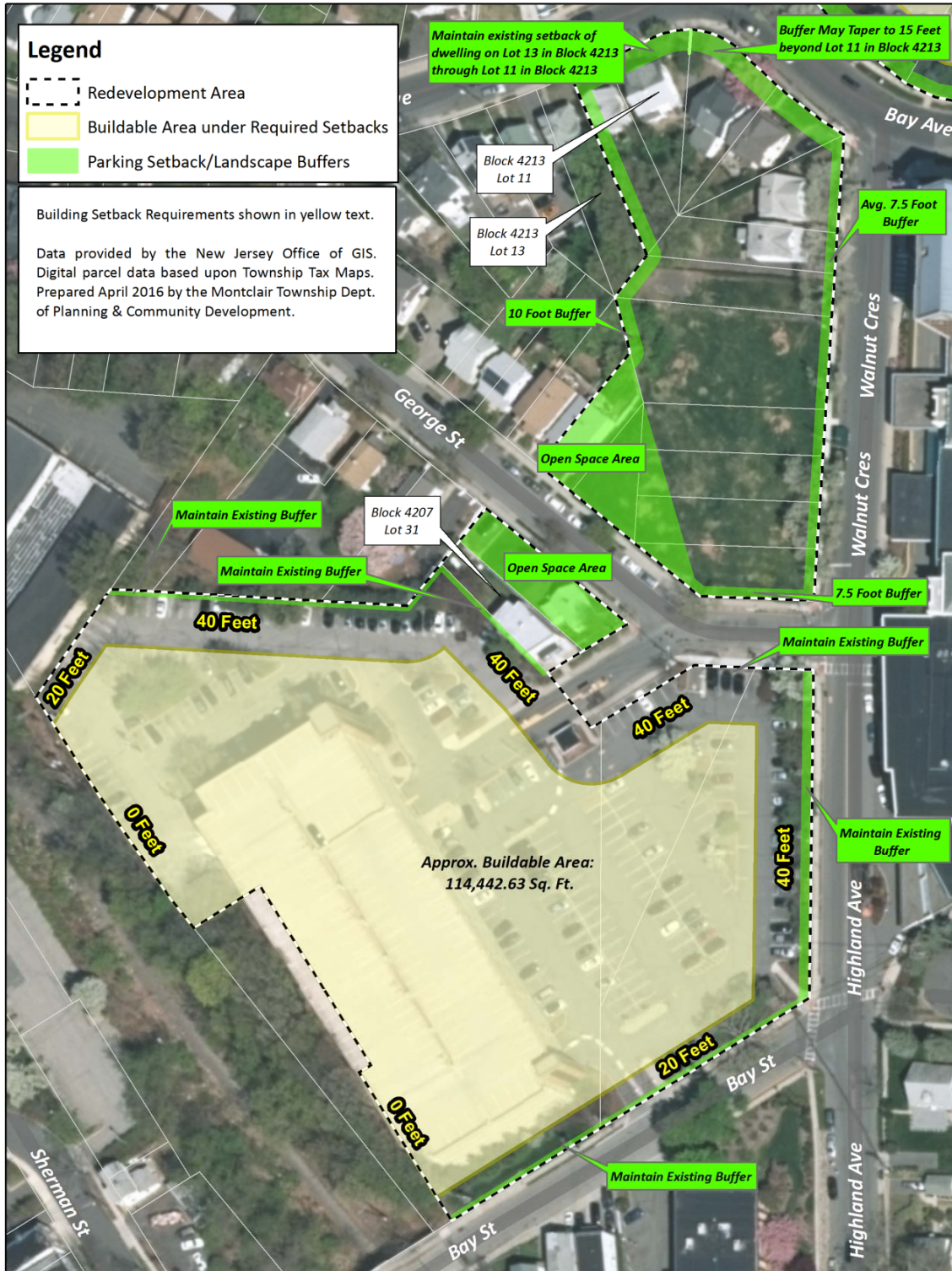
Min. Landscape Buffer / Parking setback:

From Bay Street	Maintain previously approved.*
From Walnut Crescent (from Bay Ave. to George Street)	An average of 7.5 feet.
From Highland Avenue	Maintain previously approved. *
From Claremont Ave.	Starting at the westerly side property line that adjoins adjacent Lot 13 within Block 4213, the setback shall be equal to the distance of the setback on adjacent Lot 13, as measured from that dwelling's porch to the Claremont Ave. ROW line. The landscaped buffer may taper down to a minimum of 15 feet at the easterly side line of original Lot 11 within Block 4213 (essentially, the mid-point of the ROW line, where Claremont Ave. meets Walnut Crescent.)
From Walnut Cr. (from intersections with Claremont Ave. and Bay Ave.)	15 feet
From George Street (Block 4213)	7.5 feet
From George Street (Block 4207)	Maintain previously approved,* or 7.5 feet for new or expanded parking areas.

From Sherwood Street:	Maintain previously approved,* or 0 feet.
From any residential property line within Montclair Block 4213	10 feet
From any residential property line within Montclair Block 4207	Maintain previously approved,* or 10 feet for new or expanded parking areas
From non-residential property line within Montclair Block 4207	Maintain previously approved,* or 10 feet for new or expanded parking areas.

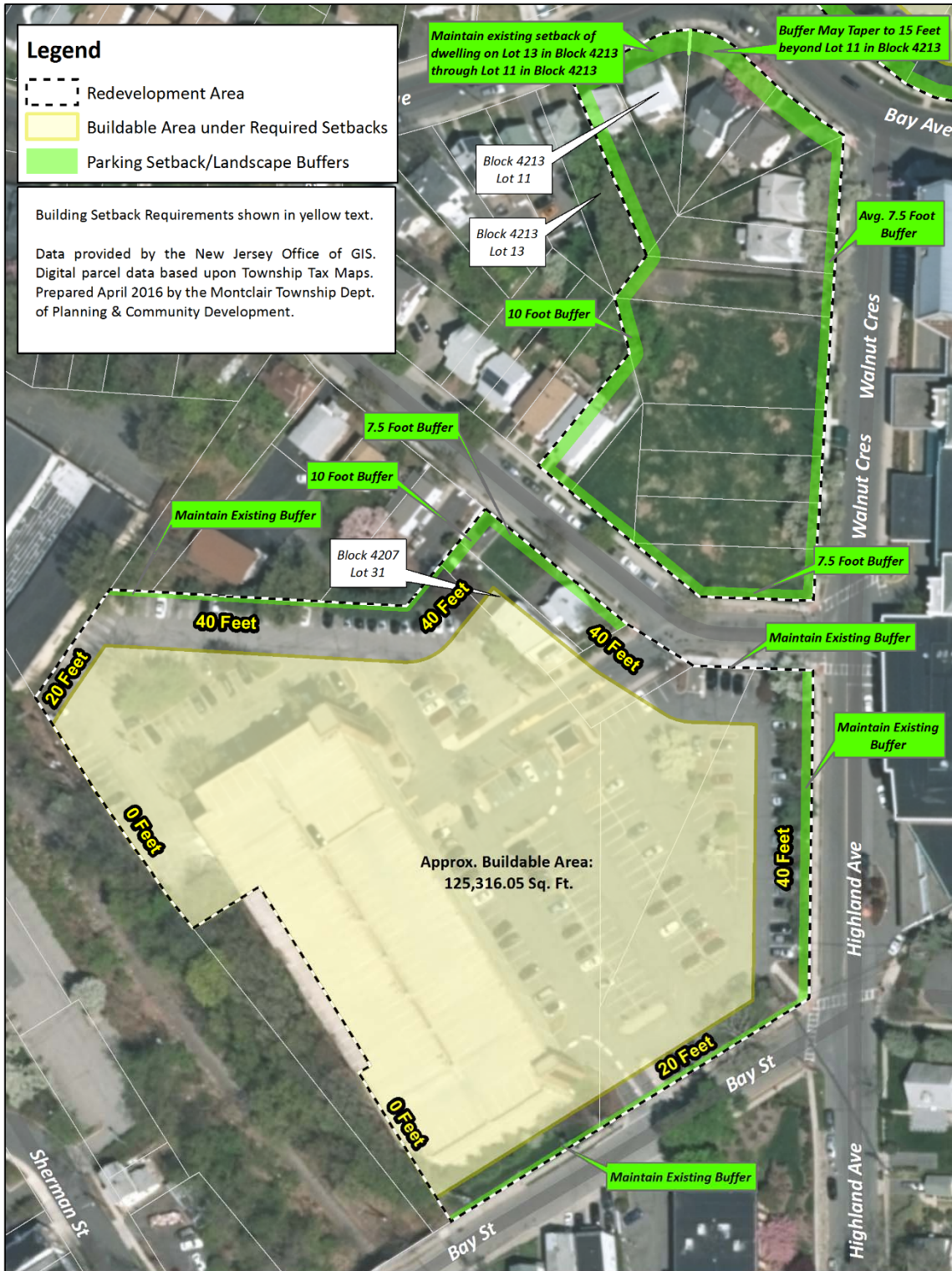
** Montclair Township Zoning Board of Adjustment 1984 Site Plan approval for the construction of the Parking Garage*

Figure 8: Area B Development Requirements, if residential use remains at 32 Sherwood Avenue



The figure above is for illustrative purposes. In the case of a discrepancy between the figure and the development requirements in Section 4.4.4, Section 4.4.4 shall govern.

Figure 9: Area B Development Requirements, if hospital acquires 32 Sherwood Avenue

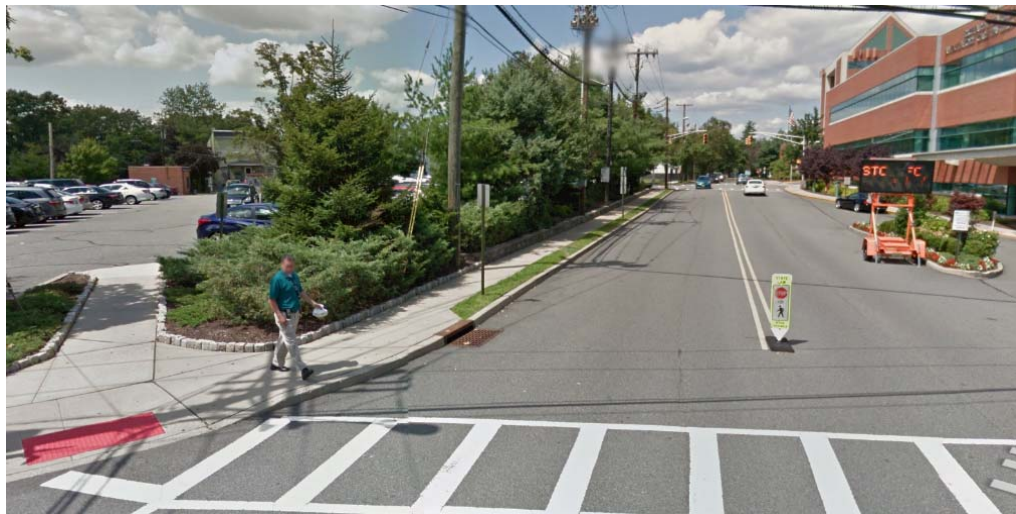


The figure above is for illustrative purposes. In the case of a discrepancy between the figure and the development requirements in Section 4.4.4, Section 4.4.4 shall govern.

Figure 10: Existing Landscape Buffers along Bay Street and Highland Avenue



Existing Bay Street Landscape Buffer Area, looking southwest from Highland Ave. intersection



Existing Highland Ave Landscape Buffer Area, looking north from Bay Street intersection

4.4.5 Site Access

- a. Site access shall be from a point or points that will create the least impact to through-traffic on surrounding high-volume streets and to residential uses. No access shall be from Claremont Avenue.
- b. At the time of site plan approval, the reviewing Boards shall determine whether changes to the existing George Street and Sherwood Street configurations are warranted to improve ingress and egress conditions and to minimize traffic impacts to surrounding residential uses. For the portion of George Street within Area B, changes could include, for example, conversion from one-way to two-way travel, the recommendation of new access easements, partial closures, and/or the allowance of a resident on-street parking permit program. Any such changes would need to be addressed in a traffic impact report, a required submission item for site plan review.

- c. Where site access is controlled by a security gate, the gate shall be set back a minimum distance from a right-of-way to allow for the stacking of at least two (2) vehicles.
- d. The egress-only drive at Bay Street in existence at the time of the adoption of this Redevelopment Plan shall be permitted to continue.

5.0 Building and Architecture Design Standards

The development of new commercial buildings within the redevelopment area should enhance the character of the hospital zone by respecting the adjacent residential neighborhoods and the general character of both the Township of Montclair and the Borough of Glen Ridge. The following design standards prioritize the integration of local design character but also anticipate the development team and its designer will deliver a building or group of buildings that is distinctive and purposeful. In other words, in addition to requiring designers to respond directly to the character of an existing architectural context, these design standards support the creative contribution of the professional designer, who is tasked here with going beyond mere stylistic imitation to articulate a respectful 21st century design vision with its own internal logic and integrity.

All development within the Plan Area is subject to the following design standards. Deviations may be requested through a design waiver process and are not subject to the positive and negative criteria associated with the granting of variances.

5.1 Contextual Considerations, Use of Design Precedents

The plan area overlaps two municipalities and borders multiple neighborhoods and uses. The periods of construction, scale, materials, design, and condition of buildings adjacent to the site vary widely. Due to the variety of adjacent architectural context, all new buildings shall follow the design example, in order of priority, of the following architectural precedents:

- a. Buildings of comparable size that were built in Glen Ridge during the Period of Significance (approximately 1870-1930), as defined by the Glen Ridge Historic Preservation Commission (HPC), whether these buildings survive into the present or not. Examples include period mill buildings and the Sherman Avenue School.
- b. Existing structures to be removed / demolished on the same site that fall within the Glen Ridge Period of Significance (approximately 1870-1930).
- c. Directly adjacent original hospital structures.
- d. Other contemporary buildings of the same or similar scale and use, where the applicant shall demonstrate the relevance of buildings selected in this category as appropriate for the surrounding context.

New buildings may incorporate characteristics from one or more of these categories.

5.2 Building “In the Round”

Façade design and finish materials shall be considered in three dimensions, particularly as buildings turn corners. Materials and/or details should be extended around building corners

and extensions in order to avoid a “pasted-on” appearance. All building facades adjacent to or visible from a public street, walkway or open space should exhibit the same or similar degree of architectural detailing as the building’s primary, street-facing façade. Material changes should occur at a logical transition point, related to changes in building program, dimensional architectural massing or detailing, rather than form an arbitrary pattern on a flat façade.

5-3 Massing Considerations

New buildings in the plan area shall be articulated in a manner that differentiates between how the building meets the ground, how intermediate (i.e. “middle”) floors are grouped, and how the top is resolved.

Base Articulation – The base of the building shall be more richly detailed and articulated to connect the building the ground plane and the scale of the pedestrian. The articulation of the base shall be consistent on all sides of the building with a primary or secondary entry. It is recommended that a water table or similar change in materials or wall thickness be considered to address changes in grade.

Middle Articulation – The middle of buildings should be distinguished from the base and top by horizontal reveals, belt courses, cornices and / or other changes in depth, material, and fenestration pattern.

Top Articulation – The top of the building should be expressed through the use of a coping, cornice, decorative parapet, shading device or roof overhang, applied in a material, method and proportion consistent with the architectural style of the building. If the building has a flat roof, the articulation of the top may include portions of the top floor façade. If the building has a mansard or pitched roof, articulation may be integrated with the roof and facade elements.

Bay Rhythm - Any façade facing a public street shall have a change in articulation through the use of a regular or alternating bay rhythm by way of any combination of the following: (i) changes in materials, (ii) material finishes and patterns, (iii) structural bay expression (for example: engaged piers or pilasters), (iv) fenestration and/or (v) changes in the depth of the façade plane of at least 3 feet, as required by the reviewing board(s).

5-4 Entry

The primary entry of the building shall face Bay Avenue. The primary building entry shall be easily discernable on the principal façade of the building through the use of distinctive architectural features and appropriate lighting. Signage shall not be considered as a substitute for a properly designed entry.

The pedestrian approach to the building entry from both the public right of way and parking associated with the building shall be clearly delineated, appropriately lit and accessible. The primary building entry shall have an exterior sheltered area of appropriate size and scale to

accommodate the anticipated use of the building. Sheltered areas may take the form of a portico, loggia, porte cochere, or structured canopy and may project into the front yard setback.

5.5 Windows and Fenestration

All windows and glazing shall be demonstrably responsive to the context. Windows in general shall be square or rectangular and proportioned similar to adjacent structures.

5.6 Exterior Materials

Exterior materials shall be consistent with the context. Primary permitted facade materials are brick, stone and pre-cast masonry. Stucco and metal accents may be included as secondary or accent materials. No more than three (3) basic materials with a variety of textures and accents should be used on each façade. Applicants shall use a mixture of materials that primarily echoes the materials of the original hospital structure. (See precedent imagery below).

Where the integration of a traditional roof silhouette or element is proposed – for example: parapet, mansard or pitched roof – such features should be consistent with the context in both material and color, as well as demonstrably influenced by the formal composition and detailing of similar elements built during the Borough of Glen Ridge Period of Significance.

Where visible from the public right of way, security gates, access panels and garage window grilles should be enlivened with artwork, decorative tiling or ornamental metalwork where possible.

The following materials are not allowed within the Plan Area:

- a. Exterior Insulation Finish Systems (EIFS), exposed concrete masonry units, and bare or stained wood.
- b. Faux treatments that mimic common materials, including imitation brick or stone facing, vinyl or asphalt siding, and sheet metal siding.
- c. Materials that age rapidly and are difficult to maintain, such as paint over shop-finished metal.
- d. Cementitious fiber panels or siding (i.e., Hardie plank, Hardie board).

5.7 HVAC and Rooftop Screening

- a. PTAC (Packaged Terminal Air Conditioners, through-the-wall air conditioning units), if used, shall be placed within a logical portion of a window framing unit and designed as integral to the window framing and definition, and shall be of a material and/or color to blend into the surrounding framing. Logos, brand names and lettering over one inch in height are not permitted on the exterior of PTAC units.

- b. Any rooftop mechanical equipment that may be visible from a public street shall be screened from view in a manner consistent with the architectural design and materials of the building.

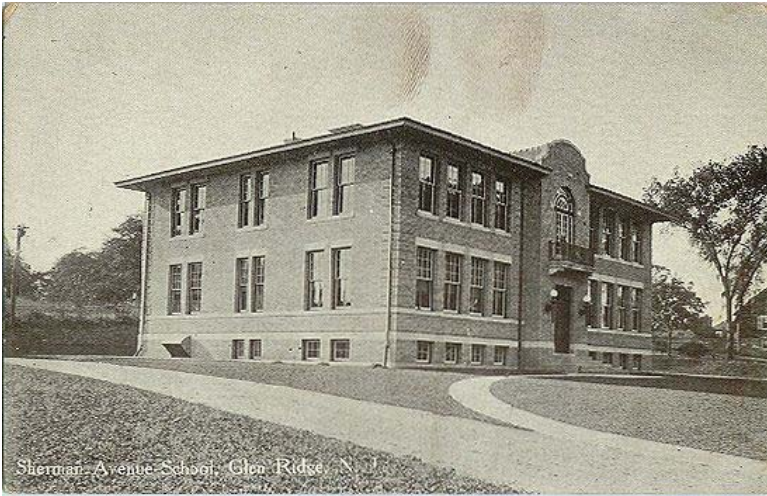
5.8 Precedent Imagery: Examples of Design Strategies

The following images of buildings provide examples of strategies that can be used to design a proposed medical office building in the redevelopment area that satisfies the design guidelines.

A variety of design strategies are depicted that show how a 21st century structure can thoughtfully respond to a context that includes both traditional and contemporary buildings. In some cases, traditional roof profiles, masonry walls, and clear structural bay rhythms are incorporated into the building design. In other cases, these elements are interpreted through a modern lens in order to achieve a scale and character in sympathy with, but not literally imitating, the built context. Several of the design examples depict how a combination of window composition strategies – from punched openings to strip windows to curtain wall – can be used to create facades that are coherent and related but pliable enough to echo the distinct architectural character of neighboring properties. In many instances, steps in the building footprint and changes in material and/or window type are used to helpfully highlight the building entry point, in addition to a structured entrance canopy, providing orientation while breaking down the overall scale of the structure.

Captions call out interesting or important aspects of the building examples, but are not comprehensive in their analysis. For further background and detail on structures associated with the Glen Ridge HPC Period of Significance, the redeveloper and the redeveloper's architect shall avail themselves of the historic image resources located at the Glen Ridge Public Library and the Glen Ridge Historical Society.

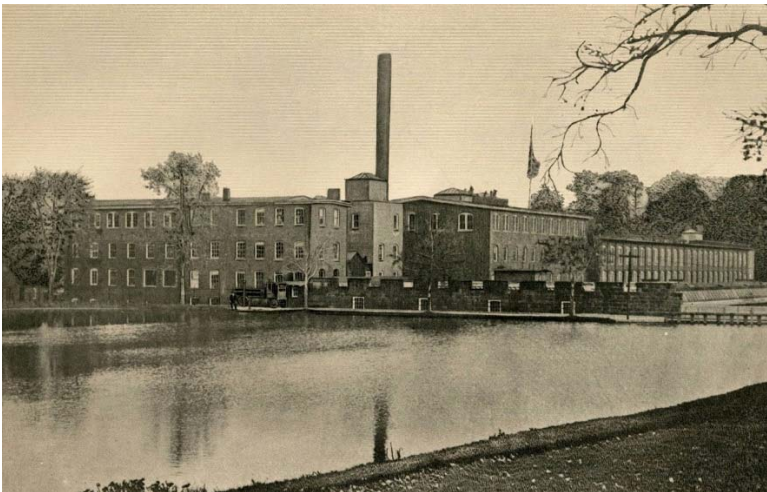
Image Precedent Examples



1. Sherman Avenue School
Glen Ridge, NJ, c. 1910
(demolished)

historic

Symmetrical composition with central, figural entrance; beltcourses, heavy sills and headers, and a deep eave unify the overall form; bay rhythm is established with groupings of windows in pairs and four's.



2. Oakes Mills
Bloomfield, NJ, c. 1927
(demolished)

historic

Dating from the late 19th- century, a time when Glen Ridge and Montclair were part of Bloomfield, simple, bold brick volumes characterize these nationally renowned woolen fabric mills, established by one of Bloomfield's founders.

Repetitive regularly spaced multi-lite openings and low-pitched roofs with skylight monitors typify this period of mill design.



3. Matchless Metal factory
Glen Ridge, NJ
(since modified)

historic

Like other industrial buildings of the times, this structure consists of a solid masonry mass with a boldly expressed vertical rhythm, established through the use of large punched openings and pilasters. A complementary rough-hewn stone base grounds the structure in its sloping site. Jack arches and heavy sills add further solidity and character to the structure.



**4. Hayden's Mill
(demolished)**

historic

Similar to the Matchless Metal factory but with a higher ratio of solid surface to glazed openings, this solid masonry mass also features a boldly expressed vertical rhythm. At three stories, the pilasters achieve a monumental presence and neatly terminate in a brick cornice band.



MOUNTAINSIDE HOSPITAL, MONTCLAIR, N. J.

5. Mountainside Hospital Glen Ridge, NJ, c. 1925 (since modified)

Georgian Revival

A Pre-War Georgian Colonial-inspired design, this long central mass with wings employs brick and contrasting light-toned columns, paired pilasters, stringcourses, cornices, and a cupola to bring order and hierarchy to an otherwise imposing structure. The introduction of arch-top openings, blind recessed panels and simple sills add a second order of scale and character.



**6. Mountainside Nursing School
Glen Ridge, NJ**

Georgian Revival

Echoing most of the architectural language of the original hospital, the school introduces a front loggia with narrow, paired columns, adding depth to the façade and softening its overall appearance.



7. Academic Learning Facility

transitional

Double-height bay windows and a syncopated rhythm of tall windows enliven this brick façade, which also uses a change in masonry scale and color to accentuate the corner entry. Strong window sill and lintel treatments provide a counterpoint to individual and grouped windows.



8. Hospital Facility

transitional

Single, double and triple window groupings lend this building an inviting, informal quality. The composition nonetheless coheres due to the use of distinct and repetitive window framing treatments, a simple water table, and a strong window sill stringcourse linking third story windows.



9. Biomedical Campus Building

interpretive modern

Three related brick volumes define this medical facility. The center mass features a brick grid infilled with glass and contrasting masonry transoms. Flanking masses borrow the factory-like language of the middle volume but vary the proportion of light and dark brick and introduce strip windows, turning an outside corner with glass in the foreground.



10. Medical Office Building

interpretive modern

Straightforward base-middle-top composition rendered in masonry and glass; brick pilasters establish a clear bay rhythm; traditional punched openings and modern curtain wall are paired with distinctive brise-soleil and canopy elements.



11. Medical Office Building

modern

Cubic masonry masses and planes joined by glass volumes define the overall compositional strategy. A careful integration of both traditional and modern materials and detailing emphasizes craft and human scale.



12. Medical Office Building

modern

Contrasting masonry and glass volumes with differences in height and proportion produce clear volumetric “bays;” the clarity of the composition enables effective signage and an unmistakable covered entrance area.

6.0 Required Parking

- a. The redeveloper shall provide a comprehensive parking plan that addresses the proposed MOB development and existing Hospital needs. The comprehensive parking plan shall, at a minimum, include the locations of: all parking for employees, patients, and general visitors; parking restricted to valet, compact spaces, ambulances, and other restricted parking; locations for deliveries and loading; and bicycle parking areas.
- b. The redeveloper and hospital shall prepare a new parking study three (3) years after the issuance of the Certificate of Occupancy for the MOB, and every five (5) years thereafter, and shall submit such studies to Montclair and Glen Ridge for administrative review. If the review conducted by either Board determines that the parking supply is insufficient, the Hospital shall be required to go back to both Boards to resolve the parking problem.
- c. Any new development within the campus must be able to provide dedicated parking for those new uses, above and beyond the existing parking supply.

6.1 MOB Site

- a. Medical Office Parking Min.: **5.0 spaces per 1,000 square feet** of gross floor area (GFA).
- b. Parking shall be dedicated parking for MOB-use only; Parking for the hospital and emergency services should not use MOB parking.
- c. A minimum of 50% of the required MOB parking shall be located on the MOB site. The remaining required parking can be located within Area B/Campus Parking, a maximum distance of 500 feet from the principal MOB entrance.
- d. Parking shall have gate-controlled access that requires validation from within the MOB to deter others from using MOB parking areas.
- e. At least two (2) spaces shall be provided for electric vehicle car charging.

6.2 Existing Hospital Parking

Parking for the existing Hospital building shall be provided at a minimum of **1.5 spaces per 1,000 square feet** of gross floor area (GFA). The parking ratio is based on the existing Hospital building, as of the time of the adoption of this Redevelopment Plan, having a gross floor area of 700,000 square feet and a net floor area of 456,000 square feet (as per Glen Ridge Tax Assessor).

6.3 ADA Parking

- a. Adequate parking facilities for accessibility to people with mobility impairments shall be provided as required for medical uses by the Americans with Disabilities Act (ADA).
- b. Accessible parking spaces shall be dispersed, but located nearest to accessible entrances, for any building(s) with multiple accessible entrances.

- c. Accessible parking in a parking structure may be provided on one level adjacent to the shortest route to the accessible building entrance(s).
- d. The minimum width of the accessible route shall conform to ADA requirements.
- e. Accessible parking size, design, access aisles, maximum slope, van accessibility and identification signage shall be provided in accordance with ADA requirements.

6.4 Bike Parking

- a. A designated area within the MOB Site shall be provided for bicycle parking. The area can be permitted inside the building or outside in a protected area. Parking shall be provided in such a way that allows for a bicycle to be properly secured, via a bicycle rack or locker.
- b. Bicycle parking is encouraged on Hospital property, in areas close to building entrances.
- c. Bicycle parking facilities shall, at a minimum, provide a stationary object to which the bicyclist can lock the bicycle frame and both wheels with a user provided U-shaped lock or cable and lock.
- d. Bicycle lockers and other high security bicycle parking facilities for use by staff are preferred to encourage non-motorized travel and to promote a healthier, active lifestyle.

6.5 Valet Parking Plan

- a. A valet parking plan shall be submitted with any application for development within the redevelopment zone. The valet parking plan shall show all delineated locations of valet parking, number of valet spaces, locations of valet stands for vehicle drop-off and pick-up, queuing areas for customer valet waiting, the valet service hours of operation and a valet staffing plan.
- b. The valet parking plan shall entail how valet parking spaces are to be utilized during non-valet operation periods.
- c. Valet parking spaces may be designed in tandem or other stacked parking configurations that meet the approval of the Reviewing Board(s) or Board Engineers(s).
- d. Parking areas that are striped for valet parking shall be posted "valet parking only."
- e. Valet operations may not make use of any on-street parking at any time.
- f. If valet parking is used to increase the parking yield to conform to the required number of spaces, then valet parking shall not be discontinued unless the parking area is restriped according to the standards of this Plan and additional parking is provided to bring the use of the site into conformance with minimum parking requirements.

6.6 Remote Parking

- a. If parking for patients or visitors is located further than 1,000 feet from a public Hospital entrance, such parking shall be programmed as valet-parking only, and shall count towards the total allowable valet parking as a percentage of total parking.

- b. The HUMC/Mountainside Hospital owns a parking area off-site, known as the Sherman Street Lot. Given its configuration and distance from the campus, all Sherman Street lot spaces shall be valet parking only.

6.7 Compact Parking Spaces

- a. The grading requirements for compact spaces shall be provided in accordance with Section 281-9 of the Montclair Township Ordinance in effect at the time of the adoption of this Plan.
- b. All compact spaces shall be signed indicating their use only for compact vehicles.
- c. The presence of compact spaces does not authorize the parking of vehicles such that they encroach into public rights-of-way, drive aisles, driveways or abutting properties.

6.8 On-Street Parking

On-street parking shall not be used to meet the minimum required parking.

6.9 Emergency Vehicle Parking

- a. Where ambulances are to be parked in designated lots, those areas shall be depicted on the site plan.
- b. Staging for ambulances shall be permitted in designated areas on Walnut Crescent between Bay Avenue and Bay Street. Ambulance staging areas shall be depicted on the site plan.

6.10 Parking and Driveway Design

The grading of parking areas and driveways shall be designed to meet the requirements of Section 281-9 of the Montclair Township Ordinance in effect at the time of the adoption of this Plan.

6.10.1 *Parking Dimensions and Design Requirements*

- a. Area A standard parking spaces: 9 feet by 18 feet
- b. Area B standard parking spaces: 8.5 feet by 18 feet
- c. Compact parking spaces: 8 feet by 17 feet, including a 1-foot overhang
- d. Parking garages spaces: 8.5 feet by 18 feet
- e. Valet parking spaces: 8 feet by 18 feet
- f. Parking spaces which do not meet required standards may not be counted towards meeting the minimum parking requirements.
- g. All parking spaces shall be at a 90-degree angle, unless otherwise approved by the reviewing Board(s).

- h. All parking aisle widths shall be at least 24 feet for two-way travel, except that those adjacent to compact parking spaces shall have a minimum aisle width of 22 feet.

6.10.2 *Parking Allowances*

- a. Up to 30% of the required parking may be reserved for compact space parking, if the reviewing Board(s) approve of their location.
- b. Up to 30% of the required parking may be provided through valet parking, so long as a valet parking plan is provided in accordance with this Redevelopment Plan.

6.11 **Loading / Refuse / Service Areas**

- a. The location and design of off-street loading/trash/service areas shall be depicted on site plans and subject to the approval of the reviewing Board(s).
- b. Loading areas shall be provided on-site. Loading and service areas should be located away from public street frontages and should have operable doors or gates so that they may be closed when not in use.
- c. Trash and recycling should be located within the building interior or screened from view of public streets using fencing and/or landscaped buffers.
- d. Medical waste shall be handled in accordance with applicable law.
- e. Scheduling of trash and loading times should be controlled to minimize the negative impacts on the local community.

6.12 **Parking lot landscaping and screening**

Parking lot landscaping and screening shall be provided in accordance with Site Design Standards in Section 7.0.

7.0 **General Site Design**

The following Design Requirements apply to the Redevelopment Plan Area. However, where the Reviewing Board(s) or Municipalities have determined that existing improvements have deteriorated and need improving, the applicant/owner/redeveloper may be required to make related site improvements as part of site plan approval.

7.1 **Lot mergers**

Within each tax block, the existing, adjacent lots under common ownership shall be merged to create a single tax lot, except for Block 4207, Lots 1 and 2, and Block 91, Lot 1, and that furthermore, no lot shall be merged across a municipal boundary.

7.2 **Landscape Buffer Areas**

- a. Landscape buffer areas shall be measured as the area between the property line and site development (buildings, parking areas, etc.), except as set forth in Section 4.3.5.

Landscape buffer treatments, however, may extend into the right-of-way/up to the sidewalk.

- b. Parking may not be located within the minimum landscaped buffer areas, provided, however, that vehicle overhangs shall be allowed within with the required landscape buffer area.
- c. Landscape buffers shall consist of any combination of deciduous trees, conifers, shrubs, hedgerows, ornamental grasses, berms, low-height masonry walls, and or fences where appropriate. Landscape buffers shall be of sufficient size, height, and opaqueness to continuously screen the site from adjacent properties.
- d. Fences and walls may be used for decoration and to supplement required landscaping buffering to achieve a higher degree of visual blocking. Within the required landscape buffer adjacent to any residential property, however, a six (6) foot-tall solid fence shall be required along any residential side or rear yard, and a four (4)-foot-tall solid fence shall be required along any residential front yard.
- e. Parking lots and on-site circulation areas shall be effectively screened from all streets and sidewalks.
- f. The existing low-height wall along the easterly side of Walnut Crescent shall be maintained; if possible, a similar wall or landscape feature, such as a berm, should be constructed along the southerly side of Claremont Ave/Walnut Crescent.
- g. Landscape buffers shall be continuous except for where driveways access the street.
- h. Buffer areas may, but do not necessarily have to be, designed to achieve stormwater management benefits through the use of rain gardens or bioswales.



7.3 Interior site landscaping

7.3.1 *Parking lot interior*

- a. Landscaped areas shall be provided within the interior of parking lots, such as within islands or bioswales, and shall be landscaped with grass, shrubbery, flowering plants, ornamental grasses, and shade trees.
- b. The end of each parking aisle shall be landscaped.
- c. The height of opaque landscaping within the parking interior shall not exceed 3 to 4 feet in height so as not to obstruct sight lines.
- d. Interior landscaping shall amount to at least 5% of the paved area.
- e. Shade trees shall be provided throughout the parking area, except where they would conflict with site lighting.

7.3.2 *Buildings and entrances*

- a. Landscaping such as hedges and flowering plants should be installed around the base of buildings, including parking garages, to soften their appearance, whenever site work will be conducted at the base of existing or proposed buildings in the Plan Area.
- b. Landscaping shall be particularly visible at entranceways.

7.4 Existing Trees

- a. The developer shall make every effort to save existing trees. Special emphasis shall be made to retain the existing, mature trees along Roswell Terrace and Walnut Crescent, which have particular cultural and historic value to the neighborhood.
- b. Any tree removal and tree planting conducted within the Redevelopment Plan area shall be in accordance with Montclair Township tree requirements at §324 Preservation of Shade Trees and § 281-8.2 Landscaping and street trees. Any tree removal and/or tree planting plan proposed as part of any site plan application shall be subject to review and approval by the appropriate municipal arborist.

Appropriate Landscaping Treatments for the Site Interior



7.5 Pedestrian circulation

Walkways and sidewalks should be provided between parking areas and buildings to enable safe pedestrian navigation throughout the Plan Area.

7.6 Site Lighting

The lighting within the HUMC/Mountainside Hospital Redevelopment Plan area shall balance the lighting needs for the safety and security of the Hospital's employees, physicians, patients and visitors with the contextual nighttime characteristics of the surrounding residential neighborhoods.

7.6.1 General

- a. All parking areas and walkways thereto and appurtenant passageways, building entrances, loading areas and driveways shall be adequately illuminated during the hours of operation which occur after sunset.
- b. As part of the required lighting plan, applicants shall be required to submit a master inventory that accounts for all exterior lighting fixtures within the Plan Area. This shall include fixture types, counts, locations, mounting methods, heights, light source types and the light intensity in footcandles.
- c. Any adjacent residential zone or use shall be shielded from the glare of illumination from site lighting and automobile headlights.
- d. Full cut-off light fixtures for all exterior light sources and fully shielded light sources for interior, non-climate controlled spaces such as parking structures, shall be used wherever new fixtures are installed.
- e. Automatic control systems should be considered to eliminate excessive light during non-active hours of site operation. This applies to the MOB site and other campus parking areas that may be closed during typical evening hours of operation (i.e. valet areas, etc.).
- f. New freestanding lights within parking lots shall be protected to avoid being damaged by vehicles. New freestanding lights at the perimeter of parking lots shall be aligned with the parking stall striping and located a minimum of 2 1/2 feet to the edge of curb. The exposed concrete light foundation shall not exceed two inches above grade or six inches above grade if located within a lawn area.
- g. Decorative and architectural lighting is an appropriate use.
- h. All lighting should take advantage of highly focused, lower lumen LED fixtures utilizing timers in order to avoid dusk to dawn use and to maximize energy efficiency.

7.6.2 *Height of fixtures*

Any new pole-mounted lighting shall be provided by fixtures with a mounting height not more than 15 feet, as measured from grade to the centerline of the light source, except that the maximum height of light fixtures in the parking areas on Block 4207, original Lots 1 and 2 in Montclair and Block 91 in Glen Ridge shall be 18 feet, or the height of fixtures in existence at the time of the adoption of this Redevelopment Plan, whichever is less.

7.6.3 *Intensity*

- a. Min. average for public realm: 0.5 fc
- b. Max. average for public realm: 3.0fc
- c. Min within parking garage: 1.0 fc
- d. Max. along property line: 0.3 fc, except for an average of 6 fc along driveways

7.6.4 *Lighting Style*

Decorative lighting is appropriate. The style of any light or light standard shall be consistent with the architectural style of the principal building and the predominantly residential character of the surrounding area.

7.7 **Fences**

Fences are only permitted within buffer areas and along interior property lines, such as to provide additional screening between the Plan Area and adjoining properties. The types and heights of fences permitted shall be governed by Montclair Township Ordinance 347-27.

7.8 **Wireless & Telecommunications**

The installation and operation of wireless telecommunications facilities in the HUMC/Mountainside Hospital Redevelopment Plan Area shall be subject to the requirements set forth in Montclair Ordinance Section 347-17.1.

7.9 **Utilities**

In the past, residents surrounding the Hospital and former Nursing School and dormitory have experienced sewer back-ups. The last reported incident occurred in 2001 with the Bay Avenue sewer backup. Research into the matter revealed this back-up was not caused by a surcharge due to excessive flow but rather a piece of slate that was lodged in the sewer pipe. There have been no reports of sewage overflow since that 2001 event.

Borough of Glen Ridge records show that there is no hospital connection to the George Street sanitary sewer line. As part of the development of the ambulatory pavilion project, the hospital agreed to abandoned their onsite laundry to reduce flow. The hospital also has an agreement with the Borough to clean the Bay Avenue sewer line on a quarterly basis. In addition, the Borough lined the Bay Avenue manholes & rebuilt the manhole benches in 2012.

- a. As part of the site plan process, the developer shall measure the existing flow & confirm the slope of the sanitary sewer pipes. The reviewing Engineers shall then determine if the system can handle the projected flow.
- b. The developer, in consultation with the reviewing Engineers, shall remedy any sewer capacity issue. Options to consider could include, but are not limited to, relining the sewer pipes, connecting downstream to a larger capacity pipe, and water conservation.

8.0 Streetscape & Open Space

Public realm improvements and furnishings within the Plan Area are intended to create a pedestrian-friendly environment, provide an attractive gateway into the HUMC/Mountainside Hospital campus, improve pedestrian connectivity and provide open space amenities that add to a welcoming experience for Hospital staff and visitors. However, where the Reviewing Board(s) or Municipalities have determined that existing streetscape and open space features have deteriorated and need improvement, the applicant/owner/redeveloper may be required to make related site improvements at the time of site plan approval.

8.1 Street Trees

- a. Street trees shall be planted along the streets within or adjacent to the Plan Area in accordance with Montclair's Street Tree requirements set forth in Ordinance 281-8.2C and 281-8.2E in effect as of the date of adoption of this Redevelopment Plan. Shade trees should be planted to create a traditional allee (a line of trees along both sides of the street) that is appropriate given the surrounding residential character.
- b. Where street trees are not currently provided, they shall be placed at regular intervals on all streets within the Redevelopment Plan Area and shall be planted at approximately 40 feet on center. Exceptions to the 40-foot spacing are allowed for curb cuts to parking areas, lobby entrances and utility facilities located within the sidewalk area.
- c. The genus-species of trees shall be consistent with the existing foliage to harmonize the natural setting in the campus area. Tree types and location shall be subject to approval by the Planning Board.
- d. Trees shall not be planted in a way that would negatively impact pedestrian circulation and visibility.

8.2 Sidewalks

- a. The existing 4-foot-wide sidewalks surrounding Area A/MOB site (i.e., along Roswell Terrace, Walnut Crescent and Bay Avenue) and Area B, may remain so long as they are sufficient and in good condition and improved to meet minimum ADA requirements.
- b. New sidewalks elsewhere in the Plan Area shall be a minimum of 5 feet wide, except where they are constructed adjacent to existing sidewalks, they shall be of the same width as the sidewalks to which they connect.

- c. New sidewalks shall be of a concrete material that meets the approval of the reviewing Board(s).

8.3 Streetscape Lighting

- a. Street lighting of a type supplied by or approved by the utility and of a type and number approved by the Board shall be provided for all street intersections and along all streets within the Plan Area as deemed necessary for safety reasons. Wherever electric utility installations are required to be underground, the applicant shall provide for underground service for street lighting.
- b. Pedestrian-scale, decorative lighting (12 feet to 14 feet in height) shall be provided at regular intervals in an opposite arrangement on Bay Avenue, Highland Avenue, Walnut Crescent and in other locations as otherwise directed by the Reviewing Board(s). Where permitted by the Board(s), bollard lighting may be installed to enhance pedestrian lighting conditions.
- c. The lighting scheme shall be chosen to illuminate the sidewalks and walkways and promote a campus-style setting, sense of security, and unified look throughout the campus.
- d. Decorative lighting may contain features such as hanging plant baskets and/or banners indicating the hospital zone, where such features meet the approval of the reviewing Board(s).

8.4 Streetscape furnishings.

- a. Street furniture in the area, including benches/seating, public art, lighting, planters, and trash and recycling containers, should be appropriately placed but serve to also be visually appealing.
- b. The property owner shall be responsible for the maintenance of all street furniture, including raised planter landscaping and care, the emptying of garbage and any repairs necessary.

8.5 Area B Open Space

- a. If 32 Sherwood Street (Block 4207, Lot 31) continues to occupy the site as a residential use, then the adjacent property (Block 4207, Lot 30) shall be provided as open space, and a triangular-shaped area located on Block 4213 extending from the corner of George Street and Sherwood Street to the northeast corner of Lot 21, shall also be provided as open space to create a sizable buffer for 32 Sherwood Street. (See Figure 8: Area B Development Requirements, if residential use remains at 32 Sherwood Avenue.)
- b. If the residence at 32 Sherwood Street (Block 4207, Lot 31) is ultimately acquired by the Hospital, then an area for Public Open Space of at least 2,750 square feet shall be provided to serve as an amenity to the Hospital uses and the adjacent George Street residential area.

- c. The Public Open Space area shall consist of a lawn area and attractive landscaping and may contain seating and other passive park features. The Hospital shall own and maintain said open space. Otherwise, the Hospital may enter into agreement with a neighborhood association or community group so that such organization or group may develop and maintain the Public Open Space for use as a community garden, for example.
- d. The Public Open Space area shall include landscaping, such as a blend of evergreen shrubbery and trees that creates a year-round visual screen between the George Street neighborhood and the hospital campus.

8.6 Plaza Space

- a. There shall be publicly accessible open space / plaza space for pedestrians to enjoy located, at a minimum, near the crosswalks that access the MOB site.
- b. Plaza space shall be landscaped and hardscaped to create an environment for MOB and Hospital patients, employees and visitors that is conducive for sitting, relaxing, and gathering. Shade, decorative paving, and landscaping shall be incorporated so that a comfortable setting can be created,
- c. Plaza space may include benches/seating, public art, bollard lighting, planters, trash and recycling containers and other features that improve the overall experience.
- d. The plaza space may include an informational or historical signage in the form of a plaque or landscape element to display the Hospital's 100+year heritage at this location.
- e. As a non-smoking campus, the Hospital does not permit smoking anywhere on its property. Without a designated smoking area, staff and visitors migrate into the surrounding residential neighborhoods to smoke. This creates a nuisance situation for nearby residents, who complain of Hospital staff and visitors trespassing, smoking, and littering on their properties. At the time of site plan review, the Hospital should address how they intend to remedy this issue.

8.7 Future Rail Trail Connectivity

As a condition of any site plan approval, the site plan shall show the location of a potential connection / access easement area from the Sherman Street Lot (Montclair Block 4207, Lots 7 & 8), which is owned by the Hospital and utilized for hospital valet parking, that would allow access to the future rails-with-trails "Ice & Iron Greenway" concept. The easement shall be a minimum of 10 feet wide and in a location that is acceptable to the Hospital and the Township.

Example treatments for Pedestrian Plaza Space



9.0 Street and Intersection Design

9.1 Complete Streets

Both Glen Ridge and Montclair have adopted policies by Resolution to support and reinforce their commitment to creating a comprehensive, integrated, connected street network that safely accommodates all road users of all abilities and for all trips. As such, any application within the Redevelopment Plan Area that results in a public street project shall ensure that such a project be designed and constructed as “complete streets” whenever feasible to do so in order to safely accommodate travel by pedestrians, bicyclists, public transit, and motorized vehicles and their passengers, with special priority given to pedestrian safety, and shall make affirmative statement to that project’s adherence in the site plan application.

9.2 Circulation, connectivity, all users

Efficient circulation through the Redevelopment Area shall be maintained at all times. All uses within the Redevelopment Area shall ensure their operations do not interfere with the safe and efficient operations of any public roadway within the Redevelopment Area.

- a. Speed limits shall be set at 20 miles per hour on Highland Avenue between Bay Street and Bay Avenue.
- b. Travel lanes shall be improved to no greater than 12 feet in width in order to promote safe vehicular speeds.
- c. Bicycle signage and striping is encouraged throughout the Plan Area, subject to approval by the Reviewing Board(s). Where separate bicycle facilities are not feasible or required, applicant shall consider the installation of sharrows and/or “share the road” or “bicycle may use full lane” signage.
- d. Where appropriate, traffic islands and landscaped medians should be used to define the circulation pattern and create traffic calming.
- e. Sidewalks shall be located along all streets and kept in good condition at all times to accommodate the safe travel of pedestrians and persons with limited mobility.

9.3 Traffic Impact Analysis

As part of any application for site plan approval, a Traffic Impact Analysis shall be submitted for review by the reviewing Boards’ Engineer. The Traffic Impact Analysis shall consider both vehicular and pedestrian traffic.

9.4 Intersection Improvements

- a. This Redevelopment Plan requires that new development or redevelopment shall not result in any degradation of Level of Service (LOS) beyond existing levels at all approaches.
- b. A signalized traffic device is required to be installed at the intersection of Bay Avenue/Walnut Crescent/Highland Avenue.

- c. The HUMC/Mountainside Hospital Traffic and Parking Analysis (Appendix A) prepared in conjunction with this Redevelopment Plan indicates that traffic and circulation issues may degrade at the intersection of Claremont Avenue and Walnut Crescent as a result of the project. Since this Redevelopment Plan specifically requires that new development or redevelopment shall not result in any LOS degradation, the specifics of necessary improvements proposed by the Developer to meet this requirement shall be determined and reviewed as part of site plan approval. In addition, the Redeveloper may be responsible for a proportionate share of the cost of off-tract improvements associated with traffic mitigation, the amount and terms of which shall be determined as part of the Redevelopment Agreement.
- d. All new traffic signals within the Redevelopment shall be equipped with video detection technology and shall be actuated, as recommended by the traffic analysis in Appendix A.
- e. A timing plan shall be submitted as part of any traffic signal installation and/or improvement within the Redevelopment Area to each municipality and subject to the review and approval by the municipalities' engineer.
- f. At each new traffic signal with a pedestrian crosswalk within the Redevelopment Area, pedestrian countdown times shall be installed. Pedestrian signals shall be audio-tactile push-button activated, placed at a height that is ADA accessible, 3'6" above the ground, and 16" in size with "hand/man" indicator and countdown timer.
- g. High visibility crosswalks shall be provided at each leg of new signalized intersections within the Redevelopment Area, and at non-signalized pedestrian crossing points, where appropriate. Crosswalk widths shall be at least 8' in width. Where there is a pedestrian crossing at an uncontrolled movement, a "stop for pedestrians" panel shall be placed at each approach at a location that is approximately 100 feet from the crosswalk.
- h. ADA Curb ramps shall be provided at each pedestrian crossing and adhere to the New Jersey Barrier Free Subcode at N.J.A.C. 5:23-7.1 – 5:23-7.31.

9.5 North-bound turn around

A submitted site plan shall demonstrate that wherever emergency vehicles are parked along the westerly side of Highland Avenue (southbound direction), there is a location for these vehicles to safely U-turn outside of the street cartway.

9.6 Street Re-naming

This Redevelopment Plan recommends that streets crossing municipal boundaries within the Redevelopment Area be re-named so as to be consistent on each side of the municipal boundary. The confusion of navigating the street network in this area is exacerbated by the changing street names, which impacts overall traffic conditions and safe use of the network.

10.0 Signs & Wayfinding

Unless otherwise provided for below, standards and requirements for signs shall conform to Article XVIII (Signs) of the Montclair Zoning Ordinance.

10.1 Comprehensive Wayfinding Plan

10.1.1 Purpose

Wayfinding signage is very important to first time and infrequent visitors. Wayfinding signs and visual cues are used to guide motorists and pedestrians into campus, to parking areas, and to specific buildings or their ultimate destination. Furthermore, signage design can influence people's experience. The appropriate expression through form, color, typography and materials can help shape the user's experience and perception of their journey.

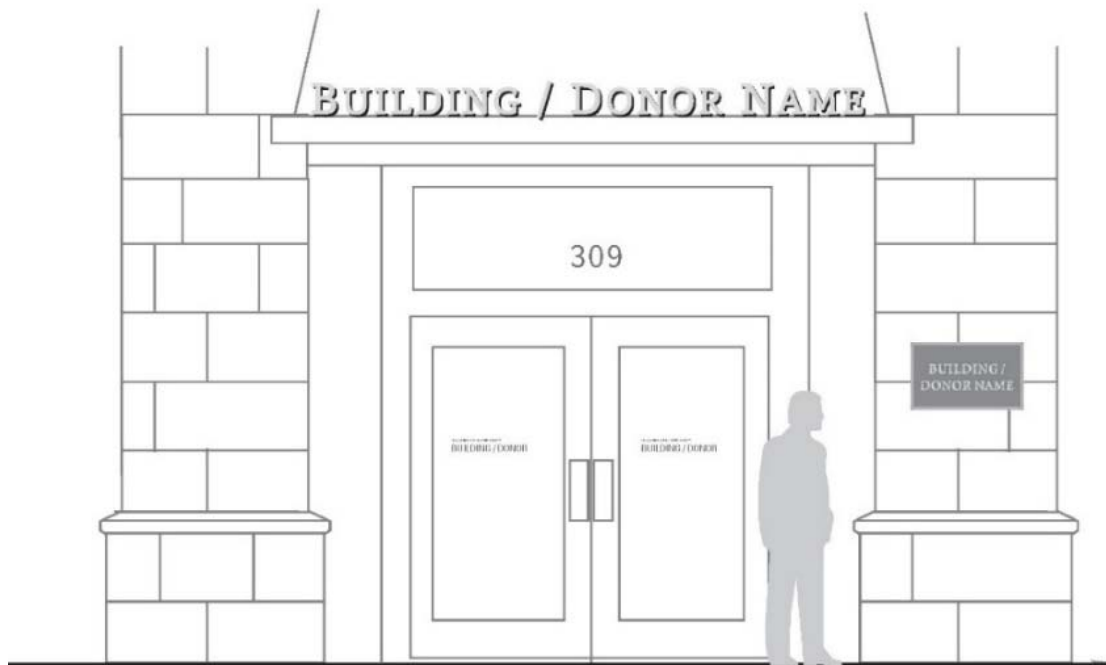
10.1.2 General Requirements

- a. A comprehensive wayfinding signage plan shall be submitted for approval. The plan shall identify the location and content of all existing signage, as well as each proposed sign type, and the design specifications for signage materials, structure, size, letter size, standard symbols, colors, and any accessories.
- b. Sign types within the signage package may include vehicular directional signs, pedestrian directional signs, freestanding building identification signage, wall signage, light pole banner signs, and historical markers or interpretive signage.
- c. Simplicity and legibility are primary design criteria for effective wayfinding signage.
- d. The signage plan should show uniformity and consistency in sign design for all sign types so users can easily recognize signage as part of the HUMC/Mountainside Hospital campus by, for example, consistent materials and construction; consistent typeface, colors, arrows, and logos; and consistent graphic layouts and consistent overall appearance. Branding and marketing, however, are secondary considerations to informational effectiveness for signage.
- e. Signage shall contribute to a facility's design character and quality. Signs should complement architecture and help establish the character for the environment.
- f. Signs shall be externally illuminated in accordance with the Montclair Ordinance.
- g. Signage and graphics are to be durable, resilient, easily maintained and resistant to normal deterioration and acts of vandalism

10.2 Building Signage

- a. The primary purpose of this sign type is to identify the name of the building and to indicate primary entrances. The wall sign may include a donor or honorific name for a building.

- b. Signage should be positioned on the building facade at the primary entrance and in view of major pedestrian walkways.
- c. Signage should respect the architecture of the building, and be placed so as not to obscure the distinctive architectural features.
- d. Letters should be mounted at or near the building entrance, or on a smooth horizontal area, surface or element integral to the design of the building, such as a belt course, horizontal mullion or cornice, and in a manner that does not damage the building materials or architectural elements.
- e. The size of wall-mounted signs shall comply with the Montclair Ordinance for signs in commercial districts.



10.3 Freestanding Building Identification Signs

Standalone signs are a “first impression” visual communication tool upon entering a site and shall be attractive to visitors. They shall be permitted as follows:

- a. Only one (1) such sign is permitted at each visitor entrance driveway or entry gate.
- b. They shall be two-sided and stand perpendicular to the street.
- c. Such sign shall be set back at least five feet from the closest property line.
- d. The signs shall contain only the official name of the building and the address, except the sign may also contain the Hospital’s name or logo. This type of sign not intended as a building directory. Names of occupying units or internal spaces are to be placed on internal directories. Full donor or commemorative names should not be on these signs.
- e. The sign shall be of a low-height or monument style, and of a design consistent in appearance with all signs in the sign package and building architecture in the campus.
- f. The base of the sign shall be landscaped with ground-cover vegetation that will not grow in height to obscure the sign.
- g. The maximum sign area shall be 20 square feet, and the maximum sign height 6 feet.



10.4 Vehicular wayfinding

The purpose of vehicular wayfinding signage is to provide drivers with advance directional information as to the locations of HUMC/Mountainside Hospital Campus destinations and parking facilities. Vehicular wayfinding signage should identify destinations such as:

- Emergency Department
- Patient drop-off
- Visitor/Patient parking
- Valet parking

- Building Entrances
 - Deliveries
- a. Content should be simple, and may only contain the destination name, directional arrow, and symbol, if applicable.
 - b. Such signs shall be placed along streets within the Hospital campus, placed perpendicular to the road, facing oncoming traffic.
 - c. Placement location and height shall maximize visibility, except that sign height shall not exceed 8 feet.
 - d. Secondary directional signs are also permitted at driveway entrances and within a parking area to provide further guidance at decision points. Such signs shall not exceed 3 feet in height.
 - e. The vehicular wayfinding program shall include an evaluation of signage at the following intersections to direct traffic to the area:
 - Bloomfield Avenue and Highland Avenue
 - Grove Street and Claremont Avenue
 - Ridgewood Avenue and Bay Avenue



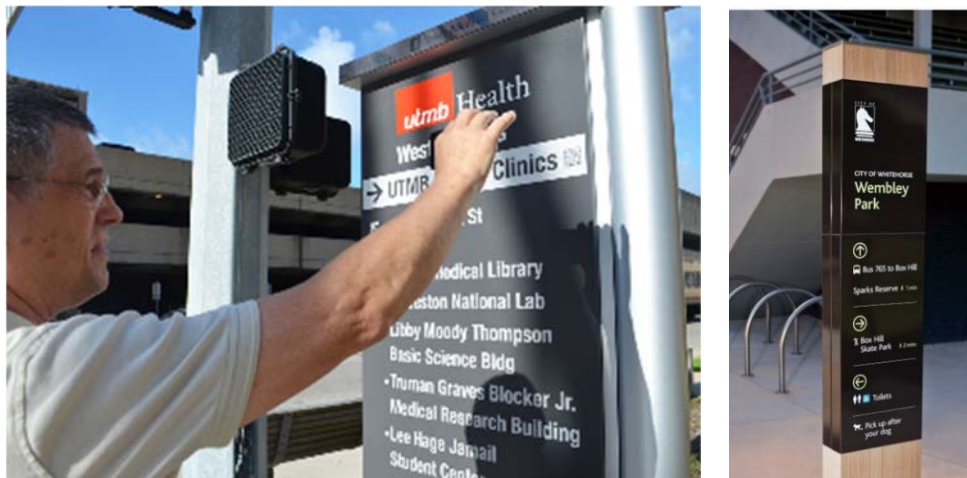
Example Secondary Directional Signs



10.5 Pedestrian wayfinding

Pedestrian wayfinding signage provides pedestrians with directional information to reach their ultimate destination, which can include, for example:

- Building entrances
 - Parking areas
 - Bus stops
 - Outdoor areas (i.e., to use mobile devices, make phone calls, smoke cigarettes)
 - Play areas for children
- a. One sign should be located at each pedestrian confluence point.
 - b. Signs can contain more information than those geared towards motorists since pedestrians have opportunity for longer reading time.
 - c. The size and height of pedestrian wayfinding signage shall fit within the HUMC/Mountainside setting, and meet the approval of the reviewing board. Such signs shall not exceed eight (8) feet in height.



10.6 Other Permitted Sign Types

The following signs may be permitted, only where the Reviewing Boards make a determination that one or more of these sign types, when in combination with other wayfinding signage, will not “overload” or clutter the area with signage, but rather add to the character of the Hospital campus.

- a. Pole mounted banners
- b. Interpretive or Historical Marker Signs
- c. A Campus Gateway Sign

Banner Signs



Historical Signs



Campus Gateway Signs



11.0 Sustainability

Development within the Redevelopment Plan Area shall include sufficient "green building" techniques which result in achieving a minimum of 50 points which would be required for LEED Silver certification from the U.S. Green Building Council under the LEED v4 for BD+C: New Construction and Major Renovation or LEED v4 BD+C: Healthcare Checklist (annexed hereto as Appendix C), it being stipulated, however, that the redeveloper shall not be required to apply for LEED certification, but must demonstrate how the points are achieved and to post sufficient escrow for the municipalities to retain a LEED-accredited professional to review the plan submissions and construction drawings and monitor the construction process to determine compliance with the LEED proposals.

12.0 Plan Consistency Review

The Redevelopment Plan carefully considers the needs, issues and opportunities of multiple jurisdictions in an effort to further the goals of existing plans.

12.1 Relationship to Local Planning Objectives

12.1.1 *Montclair Master Plan*

This Redevelopment Plan furthers the goal of the 2015 Draft Montclair Master Plan to "Create a new redevelopment plan to encompass Hackensack University Medical Center (HUMC)/Mountainside." A principal goal of the master plan is to expand health care and health related uses in an effort to promote health care services as a "niche market" in the Township. The implementation of the HUMC/Mountainside Hospital Redevelopment Plan will help to achieve these goals.

12.1.2 *Glen Ridge Master Plan*

This Plan acknowledges and serves to address many of the issues noted in the 2003 Glen Ridge Borough Master Plan associated with the Hospital, including improving parking capacity, addressing circulation issues, modernizing the campus, and pursuing a course of action with the outdated School of Nursing.

12.2 Relationship to Other Plans

12.2.1 *Plans of Adjoining Municipalities*

The HUMC/Hackensack Hospital Redevelopment Plan Area straddles the boundary of Glen Ridge Borough and Montclair Township. The Plan Area does not adjoin any other municipalities. Given its physical separation, the master plans of other communities were not reviewed.

12.2.2 *Essex County Master Plan*

The County of Essex does not have a current Master Plan Land Use Element that was available for review. However, by adding needed medical facilities and improving parking and

circulation conditions campus wide, this Plan will positively impact the entire Essex County region and is consistent with the 2013 Essex County Comprehensive Transportation Plan.

12.2.3 *State Development and Redevelopment Plan*

The objectives of the HUMC/Mountainside Hospital Redevelopment Plan are consistent with the goals, strategies and policies of the 2001 New Jersey State Development and Redevelopment Plan (SDRP). The entire Plan Area is located within the PA-1 Metropolitan Planning Area, where growth and redevelopment is recommended. Ultimately, the Redevelopment Plan will enhance the HUMC/Mountainside Hospital campus to better serve the healthcare needs of the Montclair and Glen Ridge communities and the State as a whole.

13.0 Plan Implementation

13.1 Outline of Proposed Actions

Construction of new structures and other improvements will take place as proposed in this Redevelopment Plan. Other actions that may need to be undertaken to implement the Redevelopment Plan may include the clearance of dilapidated, deteriorated, obsolete or underutilized structures or uses; provisions for public infrastructure necessary to service and support new development; and vacation of easements as may be necessary for redevelopment.

Once a redeveloper is selected, the redeveloper will be required to enter into a Redeveloper's Agreement with each municipality. The agreement shall stipulate the precise nature and extent of the improvements to be made and their timing and phasing as permitted therein.

13.2 Zoning Amendments

The Zoning Map referenced in Section 347-4 of the Zoning Ordinance of the Township of Montclair is hereby amended to reference this Redevelopment Plan. Additionally, the listing of zoning districts in Section 347-3 of the Zoning Ordinance is hereby amended to include a reference to said Redevelopment Plan.

The Zoning Map referenced in Section 17.08.020 of the Zoning Ordinance of the Borough of Glen Ridge is hereby amended to reference this Redevelopment Plan. Additionally, the listing of zoning districts in Section 17.08.010 of the Zoning Ordinance is hereby amended to include a reference to said Redevelopment Plan.

Existing portions of the Hospital Campus that are located outside of the Plan Area will continue to operate under the pre-existing zoning of each municipality and prior municipal land use approvals.

13.3 Properties to be Acquired

In light of the Hospital (Merit Mountainside, LLC) or Partners for Health, Inc. (formerly known as The Mountainside Hospital Foundation, Inc.), or their affiliates, owning all lots located

within the portion of the HUMC/Mountainside Hospital Redevelopment Plan Area that was designated as an area in need of redevelopment, the HUMC/Mountainside Redevelopment Plan will not require the acquisition of any privately-owned property within the Redevelopment Area.

13.4 Relocation

The Redevelopment Plan does not anticipate the displacement or relocation of any residents or businesses within the Plan Area. However, should either municipality acquire properties within the Plan Area, it will undertake the following steps to provide for relocation:

- At the time of property acquisition, the actual extent of displacement will be determined.
- A Workable Relocation Assistance Plan (WRAP) will be prepared and submitted to the New Jersey Department of Community Affairs for approval.
- The municipalities will comply with the requirements of the State's relocation statutes and regulations as applicable, and will provide all benefits and assistance required by law.

13.5 Infrastructure

In addition to the new development described in the foregoing chapters, several other actions may be taken to further the goals of this Plan. These actions may include, but shall not be limited to: 1) for infrastructure necessary to service new development; 2) environmental remediation; 3) vacation of public utility easements and other easements and rights-of-way as may be necessary to effectuate the redevelopment.

13.6 Other Actions

The Redevelopment Agreement(s) between the municipalities and the redeveloper will contain the terms, conditions, specifications, and a description of required performance guarantees (such as performance bonds or other acceptable performance security) pertaining to redeveloper's obligation to provide the infrastructure and improvements required for the project, including the provision of water, sanitary sewer, and stormwater sewer service as well as sidewalks, curbs, streetscape improvements, street lighting, and on- and off-site traffic controls and road improvements for the project or required as a result of the impacts of the project.

13.7 Designation of Redeveloper and Redeveloper Agreements

Only redevelopers designated by the Redevelopment Agencies, in accordance with the Redeveloper Selection Process set forth below, may proceed to implement the redevelopment projects set forth in this Redevelopment Plan.

Qualifications of the full design and development team shall be presented to Montclair and Glen Ridge prior to the designation of the redeveloper. The team shall demonstrate

experience with institutional and/or medical use development within a similar historic urban or suburban town context.

- a. The following materials shall be submitted to the entities acting as the Redevelopment Agencies (RA), together with any other materials requested by the RA (collectively, “Redeveloper Materials”):
 - (i) Name, contact information and qualifications for all members of the design and development team, including but not limited to the developer, architect, civil engineer and traffic engineer.
 - (ii) A list of completed projects of similar size, use and configuration.
 - (iii) A list of at least 3 professional references of the designated redeveloper.
 - (iv) If the contractor has been selected, include information and qualifications for the company, project manager and site supervisor. If no contractor has been selected at the time of site plan application the developer shall submit this information to the municipalities upon selection of a contractor.
 - (v) Documentation evidencing financial responsibility and capability with respect to proposed development.
 - (vi) Estimated offering price and deposit for acquisition of any land(s) to be acquired from the municipality for development.
 - (vii) Estimated total development cost.
 - (viii) Fiscal impact analysis addressing the effect of the proposed project on municipal services and tax base.
 - (ix) Detailed description of proposed public amenities and benefits.
 - (x) Estimated time schedule for start and completion of development.
 - (xi) Conceptual plans and elevations sufficient in scope to demonstrate the design, architectural concepts, parking, vehicle and pedestrian circulation, landscaping, active and/or passive recreation space, and sign proposals for all uses.
 - (xii) A detailed proposal for the transition and relocation assistance that will be provided to existing tenants, including where feasible incorporation of existing tenants in the project.
 - (xiii) A certification that no member of the governing bodies nor any member of the Redevelopment Entities will receive any pecuniary benefit from the Redeveloper or as a consequence of the redevelopment of the subject properties.
- b. The RA shall review such submissions, may request supplemental information (which supplemental information shall be considered within the scope of “Redeveloper Materials”) and, in its discretion, determine the acceptability of such submissions and

determine whether to proceed with redeveloper designation and negotiation of a redevelopment agreement. The RA shall have the authority to determine at what pace and in what order it shall designate redevelopers for redevelopment of the properties in the Redevelopment Area.

- c. The redeveloper will be obligated to carry out the specified improvements in accordance with the HUMC Mountainside Hospital Redevelopment Plan and the redevelopment agreements.
- d. Upon completion of the required improvements, the conditions determined to exist on the subject property at the time the Redevelopment Area was determined shall be deemed to no longer exist, and the land and improvements thereon shall no longer be deemed “in need of redevelopment” pursuant to the LRHL.

13.8 Non-Discrimination Provisions

No covenant, agreement, lease, conveyance or other instrument shall be effected or executed by the redevelopers, the municipalities, or successors, lessees, or assigns of any of them, by which the land in the Redevelopment Area is restricted as to sale, lease, or occupancy upon the basis of race, color, creed, religion, ancestry, national origin, sex, sexual orientation, or marital status. Appropriate covenants, running with the land forever, will prohibit such restrictions and shall be included in the disposition instruments. There shall be no restrictions of occupancy or use of any part of the Plan Area on the basis of race, creed, color or national origin.

13.9 Adverse Influences

No use shall be permitted which, when conducted under proper and adequate conditions and safeguards, will produce corrosive, toxic or noxious fumes, glare, electromagnetic disturbance, radiation, smoke, cinders, odors, dust or waste, undue noise or vibration, or other objectionable features so as to be detrimental to the public health, safety or general welfare.

13.10 Affordable Housing Requirements

The selected redeveloper shall pay a fee equal to 2.5% of the equalized assessed value of the land and improvements for all new nonresidential construction, subject to the provisions of the adopted municipal Development Fee Ordinances, and as specified in the Redeveloper Agreement.

13.11 Site Plan & Subdivision Review and Approval

Only redevelopers designated by the Redevelopment Agencies may submit a site plan application for development in the Redevelopment Plan Area. The review of all applications for redevelopment within the HUMC/Mountainside Hospital Redevelopment Plan Area shall consist of the following steps:

- a. **Concept Submission.** Applicants may submit conceptual plans prior to submitting full applications, although this is not required.
- b. **Development Applications.** All applications for development must be approved by the Montclair Planning Board for development proposals in Montclair Township and by the Glen Ridge Planning Board for development proposal in Glen Ridge Borough. Any site plan or subdivision plan within the Redevelopment Area shall be in accordance with the requirements of this Redevelopment Plan and the land development ordinances of the Township of Montclair in effect as of the date of adoption of this Redevelopment Plan (Chapters 202, 281, 295 and 301 of the Township Code a copy of which is annexed hereto as Appendix B), except that where this Redevelopment Plan contains provisions that differ from those in said ordinances, this Plan shall prevail. The Borough of Glen Ridge and the Township of Montclair have different land development ordinances. For consistency, Montclair Code Chapters 202, 281, 295 and 301 have been adopted for use when reviewing the Redevelopment Plan. This in no way implies that Montclair's Planning Board or Glen Ridge's Planning Board carries more weight or priority over the other in the review process.
- c. **Historic Commission / Architectural Review.** In advance of submission to the Reviewing Planning Boards, the site plan drawings shall also be submitted to the Township of Glen Ridge Historic Preservation Commission (HPC) and the Montclair Development Review Committee (DRC) for courtesy design review in an advisory capacity to the Planning Boards. The HPC and DRC may form a subcommittee that meets together to streamline this review process. The subcommittee or individual entities shall prepare and submit their design recommendations to the reviewing Planning Boards.
- d. **Submission Requirements.** All applications for development shall include the checklist requirements listed in Section 202-29.1 of the Montclair Township Code, as well as the following:
 - (i) Resolution by the Redevelopment Agencies appointing the designated Redeveloper
 - (ii) Phasing Plan
 - (iii) Traffic and circulation analysis that considers mass transit routes and evaluates the cumulative effect of the ingress and egress requirements of the proposed development and the effects on adjacent and affected roadways created by the proposed development.
 - (iv) Parking Management Plan
 - (v) Open Space Plan
 - (vi) Signage Plan
 - (vii) LEED Green Building checklist per Appendix C
 - (viii) Fiscal Impact Analysis, evaluating fiscal impacts of the project on the municipalities.

- (ix) Utility Impact Analysis evaluating the impacts to Township utilities.
- (x) Building Design Description:
 - i. Project Narrative or Statement, explaining design intent
 - ii. Photos of adjacent context
 - iii. Photos of inspirational imagery, including buildings in Redevelopment Plan, and additional ones at designer's discretion
 - iv. Site Plan, at a minimum scale of 1" = 20'
 - v. Building Plans, at all levels including Roof Plan, at a minimum scale of 1/8" = 1'-0"
 - vi. Building Elevations, rendered in color, all sides, at a minimum scale of 1/8" = 1'-0"
 - vii. Building Sections, minimum 2, long and short, at a minimum scale of 1/8" = 1'-0"
 - viii. Wall Sections, minimum 2, through major entry and secondary features, at a minimum scale of 1/4" = 1'-0"
 - ix. Section Details, minimum 4, through base, entry door and canopy, cornice, other major features (sun shading, etc.), at a minimum scale of 1/2" = 1'-0"
 - x. 3D Renderings, in color, minimum 2, showing building in context via photomontage
 - xi. Material Submittals for all proposed key materials and systems – including masonry, wood, metal, glass, windows, canopies, lighting and signage

13.12 Requests for Deviations & Design Exceptions

The Montclair and Glen Ridge Planning Boards may grant deviations from the regulations contained within this Redevelopment Plan, where, by reason of exceptional narrowness, shallowness or shape of a specific piece of property, or by reason of exceptional topographic conditions or physical features uniquely affecting a specific piece of property, the strict application of any bulk regulation adopted pursuant to this Redevelopment Plan would result in peculiar practical difficulties to, or exceptional and undue hardship upon, the redeveloper.

The Planning Boards may also grant such relief in an application relating to a specific piece of property where the purposes of this Redevelopment Plan would be advanced by a deviation from the strict requirements of this Plan and the benefits of the deviation would outweigh any detriments.

No relief may be granted under the terms of this section unless such deviation or relief can be granted without substantial detriment to the public good and without substantial impairment of the intent and purpose of the Redevelopment Plan.

An application for a deviation from the requirements of this Redevelopment Plan shall provide public notice of such application in accord with the requirements of public notice as set forth

in N.J.S.A. 40:55D-12a and b. Notwithstanding the above, no deviations should be granted that would permit any of the following: a use or principal structure that is not otherwise permitted by this Redevelopment Plan; or an increase in the maximum permitted height of a principal structure by more than 10 feet or 10%, whichever is less.

No deviation from the requirements herein shall be cognizable by the Township of Montclair or Glen Ridge Zoning Board of Adjustment.

13.13 Procedures for Amending the Plan

This Redevelopment Plan may be amended from time to time upon compliance with the requirements of state law. A non-refundable application fee of \$5,000 shall be paid by the party requesting such amendment, unless the request is issued from any agency of Montclair Township or the Borough of Glen Ridge. The municipal governing bodies, at their sole discretion, may require the party requesting the amendments to prepare a study of the impact of such amendments, which study shall be prepared by a professional planner licensed in the State of New Jersey.

13.14 Duration of the Plan

The selected redeveloper(s) within the HUMC Mountainside Hospital Redevelopment Area shall begin the development of land and construction of improvements within a reasonable period of time, as specified in a redevelopment agreement.

Provisions of this plan specifying redevelopment of the HUMC Mountainside Hospital Redevelopment Area and requirements and restrictions with respect to thereto shall be in effect for a period of 30 years from the date of approval of this plan by the Municipal Councils of the Township of Montclair and the Borough of Glen Ridge

13.15 Completion of Redevelopment

Upon the inspection and verification by the Township of Montclair and the Borough of Glen Ridge that the redevelopment within the Plan Area has been completed, certificates of completion shall be issued to the redeveloper. All redevelopment agreements associated with the implementation of this Redevelopment Plan shall be in effect until the issuance of such certificates.

13.16 Severability

If any section, paragraph, division, subdivision, clause or provision of this Redevelopment Plan shall be adjudged by the courts to be invalid, such adjudication shall only apply to the section, paragraph, division, subdivision, clause or provision so judged, and the remainder of this Redevelopment Plan shall be deemed valid and effective.

Appendix A

VHB Traffic & Parking Analysis, Jan. 2016

HUMC/Mountainside Hospital Redevelopment Plan

in Glen Ridge Borough
and Montclair Township

PREPARED FOR



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Submitted: January 20, 2016

This report details traffic and parking analysis for the HUMC/Mountainside Hospital Redevelopment Plan. This report provides an analysis of current roadway and parking operations, and an assessment of potential future conditions based on conceptual plans provided by Hampshire Real Estate Companies Properties for a medical office building and new/reconfigured parking areas within the Redevelopment Area.

TRAFFIC ANALYSIS

I. Existing Conditions

A. Traffic Roadway Network

In the Redevelopment Area, Bay Avenue (CR-654) is an east/west roadway that ends at its intersection with Walnut Crescent to the west. It has one travel lane in each direction, and curbside parking is not permitted. Aside from an actuated pedestrian signal located at the front of the Mountainside Hospital, through traffic on this corridor has the right of way at driveways and intersections.

Claremont Avenue is an east/west roadway with its eastern extent terminating at the intersection with Walnut Crescent. It is one travel lane in each direction with limited on-street parking located along the south curb for residential units. Within the study area, thru traffic has the right of way except at a pedestrian crossing at the intersection with Pine Street and at a grade crossing (NJ Transit line) just west of that intersection.

Walnut Crescent is primarily a north-south roadway from Oxford Street to the signalized intersection with George Street. It carries one travel lane in each direction with curbside parking north of Roswell Terrace. The corridor is characterized by a number of stop-controlled intersections, with a traffic signal located at George Street.

Highland Avenue is a north-south roadway, which transitions into Walnut Crescent to the north at the signalized intersection with George Street, and into Baldwin Street to the south. It generally consists of one travel lane in each direction with limited permit parking allowed. There are two locations with pedestrian crossings. One is at the signalized intersection with George Street and the other is at the unsignalized intersection with Bay Street.

George Street is primarily a north-south roadway that begins at the signalized intersection with Highland Avenue and ends at a stop-controlled intersection with Claremont Avenue. From the intersection with Highland Avenue to its intersection with Sherwood Street, George Street is one lane in each direction. From its intersection with Sherwood Street to Claremont Avenue, George Street is one-way to the north, with parking permitted on the right side of the street.

Sherwood Street is a short two-way street with an east-west orientation from its intersection with George Street to the gate controlled access for hospital parking. On Sherwood Street, there are two residential homes, one of which is now a hospital-owned property.

B. Traffic Volumes

Vehicular turning movement counts were conducted by video on Tuesday, November 17, 2015, and on Tuesday November 24, 2015 between 7 AM and 9 AM between 4 PM and 6 PM. On Saturday, November 14, 2015 and Saturday, November 21, 2015, turning movement counts were conducted from 11:00 to 2:00pm. These times reflect the standard periods for AM, PM, and SAT peak periods. Video cameras were placed at the following locations:

- 1) Claremont Avenue and Pine Street
- 2) Claremont Avenue and George Street
- 3) Claremont Avenue and Walnut Crescent
- 4) Bay Avenue and Walnut Crescent
- 5) Bay Avenue and Child Care Center Driveway
- 6) Bay Avenue and Hospital Main Entrance Driveway
- 7) Bay Avenue and Sherman Avenue
- 8) Walnut Crescent and Roswell Terrace/Walnut Street
- 9) Walnut Crescent and Dental Office Driveway
- 10) Walnut Crescent and Hospital Emergency Department Driveway
- 11) Walnut Crescent/Highland Avenue and George Street
- 12) Highland Avenue and Bay Street
- 13) Highland Avenue and Laurel Place

In addition to turning movement counts, automatic traffic recorders (ATRs) were used to collect 24-hour traffic volume data along Walnut Crescent/Highland Avenue and along Bay Avenue for a duration of two weeks. This information was collected to calibrate total volumes through the area for the Synchro model and more definitively identify the peak time periods for Bay Avenue and Walnut Crescent/Highland Avenue.

Based on the results of the analysis, the following times of day were identified as the morning, evening and Saturday peak hours:

- AM: 7:45am-8:45am
- PM: 2:45pm-3:45pm
- Saturday: 12:00pm-1:00pm

C. Synchro Analysis

The analyses in this section were conducted using Synchro 8 software in accordance with Highway Capacity Manual (HCM) 2000 methodologies to determine the Levels of Service (LOS) based on intersection delays and volume-to-capacity ratios.

Level of Service Methodology

Analyses of traffic conditions in urban areas are based on critical conditions at intersections and are defined in terms of levels of service. According to the *HCM 2000*, levels of service (LOS) at signalized intersections are defined in terms of a vehicle's control delay at the intersection, as follows:

LOS A – operations with very low delays, i.e., 10.0 seconds or less per vehicle.

- This occurs when signal progression is extremely favorable and most vehicles arrive during the green phase. Most vehicles do not stop at all.

LOS B describes operations with delays in excess of 10.0 seconds up to 20.0 seconds per vehicle.

- This generally occurs with good progression and/or short cycle lengths. Again, most vehicles do not stop at the intersection.

LOS C describes operations with delays in excess of 20.0 seconds up to 35.0 seconds per vehicle.

- These higher delays may result from fair progression and/or longer cycle lengths. The number of vehicles stopping is noticeable at this level, although many still pass through the intersection without stopping.

LOS D describes operations with delays in excess of 35.0 seconds up to 55.0 seconds per vehicle.

- At LOS D, the influence of congestion becomes more noticeable. Longer delays may result from some combination of unfavorable progression, long cycle lengths, or high volume-to-capacity (v/c) ratios. Many vehicles stop, and the proportion of vehicles not stopping declines.

LOS E describes operations with delays in excess of 55.0 seconds up to 80.0 seconds per vehicle.

- These high delay values generally indicate poor progression, long cycle lengths, and high v/c ratios.

LOS F describes operations with delays in excess of 80.0 seconds per vehicle.

- This is considered to be unacceptable to most drivers. This condition often occurs with oversaturation, i.e., when arrival flow rates exceed the capacity of the intersection. It may also occur at high v/c ratios with cycle failures. Poor progression and long cycle lengths may also contribute to such delays. Often, vehicles do not pass through the intersection in one signal cycle.

For unsignalized intersections, delay is defined as the total elapsed time from when a vehicle stops at the end of the queue until the vehicle departs from the stop line:

LOS A describes operations with very low delay, i.e., 10.0 seconds or less per vehicle

LOS B describes operations with delays in excess of 10.0 seconds up to 15.0 seconds

LOS C has delays in excess of 15.0 seconds up to 25.0 seconds

LOS D, excess of 25.0 seconds up to 5.0 seconds per vehicle

LOS E, excess of 35.0 seconds up to 50.0 seconds per vehicle

- This is considered to be the limit of acceptable delay.

LOS F describes operation with delays in excess of 50.0 seconds per vehicle,

- This LOS is considered unacceptable to most drivers. This condition exists when there are insufficient gaps of suitable size in a major vehicular traffic stream to allow side street traffic to cross safely.

2. No Build Condition

The proposed Medical Office Building (MOB) is anticipated to be completed by 2018, with minimal additional “background traffic” growth from other future developments. For analysis purposes, the 2015 existing volumes within the study area were increased using a 1% growth rate per year in accordance with NJDOT’s growth factor for urban minor arterials in order to obtain the future No Build traffic volumes. These results served as the baseline volume conditions for comparison purposes in this traffic impact analysis.

Table 1 displays the range of volumes per hour during the peak periods by direction along each of the roads that were measured using ATRs.

Table 1 – Peak Hour Volumes by Direction

Roadway	Claremont Avenue		Bay Avenue		Walnut Crescent	
Direction	Eastbound	Westbound	Eastbound	Westbound	Northbound	Southbound
AM peak	350-375	420-450	365-380	620-650	115-160	100-295
PM peak	420-445	350-375	500-545	440-480	140-245	165-240
SAT peak	370-385	340-360	415-435	410-430	55-90	75-145

In the No Build scenario, the intersection of Walnut Crescent and Bay Avenue would operate as it does today, unsignalized with the stop control for the northbound approach on Walnut Crescent. Based on the analysis, the intersection would operate at overall LOS A during the weekday AM and Saturday peaks, and overall LOS D during the weekday PM peak. The stop-controlled northbound approach would operate at LOS F during the weekday AM and PM peaks, and LOS C during the Saturday peak.

3. Build Condition

A. Trip Generation

Traffic projections were based on the October 2, 2015 Traffic Impact Analysis (TIA) report (No. 24GA27957900) by Atlantic Traffic+Design. The report referenced ITE Land Use Code 720: Medical-Dental Office Building for the 60,000-square foot development expected to generate the following trips, shown in **Table 2**.

Table 2 - Peak Hour Traffic Increments

Peak Hour	In	Out	Total
Weekday AM	113	30	143
Weekday PM	60	154	214
Saturday Midday	124	94	218

B. Traffic Assignments

Project-related traffic was assigned throughout the network consistent with the methodology in the 2015 TIA report. These trips were distributed between two locations:

- 1) The medical office building driveway that would be located at the intersection of Bay Avenue and Walnut Crescent, with the proposed driveway aligning to the north opposite Walnut Crescent
- 2) The off-site parking facility entrance that would be located at Highland Avenue and what is the existing intersection with George Street

In the proposed redevelopment George Street would be reconfigured into a cul-de-sac, with ingress and egress provided from Claremont Avenue. There would no longer be access from Highland Avenue. Approximately two-thirds of the peak hour inbound and outbound trips would be utilizing the main entrance to the site, while the remaining one-third would be utilizing the off-street parking facility. This split would represent the distribution between visitors and employees.

In addition to project-generated increments, trips associated with the valet parking would have to be reassigned throughout the network. In the existing conditions, visitors using valet parking would enter the parking lot from Walnut Crescent between Claremont Avenue and Roswell Terrace. Attendants would then drive the vehicles into the parking lot located on the west side of Highland Avenue, near George Street. In the future build condition, these trips would no longer be entering/exiting this driveway due to the relocation of the valet parking drop-off. Instead, these trips would enter the off-site parking lot and the valet parking would be contained within the off-site parking lot, eliminating the necessity for valet attendants to drive through the local roadways. This would result in a slight decrease in traffic (approximately 4, 16, and 25 vph during the AM, PM, and Saturday peaks, respectively).

C. Analysis of Build Scenario without Improvements

The future Build traffic volumes were obtained by adding the project-generated volumes to the future No Build traffic volumes. This Build condition would reflect the effects of the project-related traffic increments on the study area. The comparison between the No-Build and Build conditions reflects the impact of the additional site-generated traffic on the street network. This impact is assessed when a traffic movement experiences a significant increase in intersection delays and deteriorations in level of service.

The proposed 60,000 SF medical office building would increase peak hour traffic by 143, 214, and 218 vehicles per hour during the weekday AM, weekday PM, and Saturday peak hours, respectively. Peak hour traffic volumes along Bay Avenue would increase by approximately 10 to 55 vehicles per hour (vph) in the eastbound direction and 20 to 45 vph in the westbound direction. Along Claremont Avenue, traffic volumes

would increase by approximately 20 to 45 vph in the eastbound direction and 10 to 60 vph in the westbound direction. Peak hour traffic volumes along Walnut Crescent/Highland Avenue, south of Bay Avenue would increase by 5 to 45 vph in the northbound direction and 5 to 40 vph in the southbound direction.

For nearly all the intersection approaches in the study area, the levels of service remain relatively unchanged by the addition of project-related traffic increments. The exceptions are the northbound approach at Bay Avenue and Walnut Crescent, and the eastbound approach at Claremont Avenue and Walnut Crescent. The southbound approach at Bay Avenue and Walnut Crescent would be a new condition as the MOB driveway. **Table 3** shows the comparison of the No Build and Build conditions for these two locations indicating the delay in seconds and the LOS.

Table 3 - Bay Avenue and Walnut Crescent Intersection No Build vs Build

	AM		PM		SAT	
	No Build	Build	No Build	Build	No Build	Build
Eastbound	0.0 / A	1.1 / A	0.0 / A	0.5 / A	0.0 / A	1.1 / A
Westbound	3.5 / A	3.8 / A	2.9 / A	3.1 / A	1.6 / A	1.9 / A
Northbound	69.9 / F	225.8 / F	137.4 / F	465.7 / F	22.8 / C	54.6 / F
Southbound	-	51.0 / F	-	89.7 / F	-	29.7 / D
Overall	8.2 / A	24.1 / C	27.8 / D	99.8 / F	2.8 / A	8.5 / A

As shown in the table above, the intersection of Walnut Crescent and Bay Avenue would experience a deterioration in level of service from LOS A to LOS C in the AM peak and from LOS D to LOS F in the PM peak. Although the overall LOS would remain the same during the Saturday peak, the northbound movement would deteriorate from LOS C to LOS F. The northbound approach would experience the greatest increase in delays, ranging between approximately 33 to 330 seconds.

Table 4 - Claremont Avenue and Walnut Crescent No Build vs Build

	AM		PM		SAT	
	No Build	Build	No Build	Build	No Build	Build
Eastbound	0.5 / A	0.3 / A	0.3 / A	0.2 / A	0.4 / A	0.4 / A
Westbound	0.0 / A	0.0 / A	0.0 / A	0.0 / A	0.0 / A	0.0 / A
Southbound	30.5 / D	37.8 / E	28.1 / D	33.1 / E	21.5 / C	26.4 / D
Overall	4.0 / A	5.6 / A	4.0 / A	4.1 / A	3.1 / A	3.6 / A

As shown in **Table 4**, the adjacent intersection of Claremont Avenue and Walnut Crescent would not deteriorate significantly in overall LOS but the southbound movement would deteriorate from LOS D to LOS E in the AM peak, and from LOS C to LOS D in the Saturday peak. Delays for the stop-controlled southbound movement are expected to increase by approximately 7 to 10 seconds.

D. Analysis of Proposed Traffic Improvements

To mitigate traffic impacts at the intersection of Walnut Crescent and Bay Avenue, traffic improvements are proposed as part of the conceptual development plan for the MOB, created by Bohler Engineering. These improvements would include the following:

- Installation of a semi-actuated traffic signal with a 60-second cycle.
- Restriping the eastbound approach of Claremont Avenue to have an exclusive left turn lane and a shared through-right lane (the centerline would be shifted to the north).
- Restriping the westbound approach of Bay Avenue to have an exclusive left turn lane and a shared through-right lane (the centerline would be shifted to the south).
- Restriping the northbound approach of Walnut Crescent to have an exclusive left turn lane and a shared through-right lane (the centerline would be shifted to the west).

Table 5 - Bay Avenue and Walnut Crescent Build without Signal vs Proposed Improvements

	AM		PM		SAT	
	Build Without Signal	Proposed Improvements	Build Without Signal	Proposed Improvements	Build Without Signal	Proposed Improvements
Eastbound	1.1 / A	4.8 / A	0.5 / A	8.0 / A	1.1 / A	4.6 / A
Westbound	3.8 / A	4.9 / A	3.1 / A	6.2 / A	1.9 / A	4.1 / A
Northbound	225.8 / F	23.4 / C	465.7 / F	21.0 / C	54.6 / F	22.7 / C
Southbound	51.0 / F	22.0 / C	89.7 / F	19.5 / B	29.7 / D	22.1 / C
Overall	24.1 / C	6.9 / A	99.8 / F	10.8 / B	8.5 / A	7.2 / A

Note: Signalized and unsignalized conditions use different LOS criteria

As shown in **Table 5**, the proposed improvements at Bay Avenue and Walnut Crescent would improve the overall Build condition LOS for the intersection in the AM and PM peak periods from LOS D to LOS A and LOS F to LOS B, respectively. The Saturday peak would remain unchanged at LOS A. The greatest benefits from these improvements would be experienced at the minor approaches to the intersection: the southbound approach from the MOB driveway and the northbound approach from Walnut Crescent/Highland Avenue. Some additional minor delays would be experienced on the eastbound and westbound approaches to the intersection, but they would still operate at an LOS A.

Table 6 – Claremont Avenue and Walnut Crescent No Build vs Build with Proposed Improvements

	AM		PM		SAT	
	No Build	Proposed Improvements	No Build	Proposed Improvements	No Build	Proposed Improvements
Eastbound	0.5 / A	0.3 / A	0.3 / A	0.2 / A	0.4 / A	0.4 / A
Westbound	0.0 / A	0.0 / A	0.0 / A	0.0 / A	0.0 / A	0.0 / A
Southbound	30.5 / D	37.8 / E	28.1 / D	34.6 / D	21.5 / C	26.3 / D
Overall	4.0 / A	5.1 / A	4.0 / A	4.3 / A	3.1 / A	3.6 / A

As **Table 6** shows, this analysis of the proposed improvements indicate they would have a deleterious effect on the southbound Walnut Crescent approach. The eastbound and westbound approaches would remain generally unchanged as LOS A and the overall LOS would operate as an A. However, the southbound approach for Walnut Crescent would decline from LOS D to LOS E in the AM peak, from LOS D to LOS E in the PM peak, and from LOS C to LOS D during the Saturday peak with the development of the MOB and the associated proposed improvements.

At this intersection, this analysis differs from the results provided in Atlantic's TIS, which reported a LOS B in the AM peak, a LOS A in the PM peak, and an LOS A in the SAT peak under No-Build conditions. Atlantic's analysis indicates that all peak periods would operate at an LOS A with the proposed improvements.

The reason for the difference in LOS between the analyses of Atlantic Design and VHB is due to the configuration used at this intersection. The Atlantic Design analysis identifies the southbound Walnut Crescent as a through-right movement, as oppose to VHB's analysis which depicts it as a shared left-right movement. In the calculations for delay, there is a delay assigned to turning vehicles in terms of finding gap time in conflicting movements, unlike vehicles making the through movement. The geometry of the intersection features curvature in the roadway, and to be more conservative, VHB's analysis depicts it as a left-turn. However, since the southbound left is not exactly a 90 degree turn one would find at a standard intersection, the critical gap was reduced in order to not fully penalize the southbound movement.

E. Analysis of Additional/Alternative Improvements

As part of this traffic analysis, several alternatives to the conceptual plan's proposed improvements were analyzed to measure the potential for greater improvements to LOS at the two key intersections.

1. Additional Traffic Signal at Claremont Avenue and Walnut Crescent

In addition to the new signal at the intersection of Walnut Crescent and Bay Avenue, there are other improvements to consider which would improve the flow of traffic in the area.

The adjacent intersection of Claremont Avenue and Walnut Crescent could be signalized to improve conditions, particularly for the southbound approach of Walnut Crescent, which is currently stop-controlled. In this scenario, the southbound movement would operate at a LOS D the AM and PM peak hours as an unsignalized intersection, but improve to LOS B or C with signalization, with decreases in delay as high as 18 seconds.

Two scenarios were analyzed – one where both signals would operate as fully actuated signals (**Table 7**), and one where both signals would be coordinated (**Table 8**). In general, the fully-actuated signals would provide better delays for the minor approaches (northbound-southbound), while the coordinated signals would provide slightly better delays for the major approaches (eastbound-westbound) which would be assigned longer green phases due to the higher traffic volumes on these approaches. Both scenarios would result in lower delays for the southbound approach and slightly higher delays for the major eastbound and westbound movements, but those major approaches would still operate at LOS A.

**Table 7 - Claremont Avenue and Walnut Crescent Build
without Additional Signal vs Build with Additional Signal (Fully Actuated)**

	AM		PM		SAT	
	Proposed Improvements	Additional Signal	Proposed Improvements	Additional Signal	Proposed Improvements	Additional Signal
Eastbound	0.3 / A	4.7 / A	0.2 / A	5.1 / A	0.4 / A	5.0 / A
Westbound	0.0 / A	5.8 / A	0.0 / A	5.6 / A	0.0 / A	5.1 / A
Southbound	37.8 / E	24.5 / B	34.6 / D	16.6 / B	26.3 / D	15.2 / B
Overall	5.1 / A	7.9 / A	4.3 / A	6.7 / A	3.6 / A	6.4 / A

Note: Signalized and unsignalized conditions use different LOS criteria

**Table 8 - Claremont Avenue and Walnut Crescent Build
without Additional Signal vs Build with Additional Signal (Coordinated)**

	AM		PM		SAT	
	Proposed Improvements	Coordinated Signal	Proposed Improvements	Coordinated Signal	Proposed Improvements	Coordinated Signal
Eastbound	0.3 / A	4.6 / A	0.2 / A	4.8 / A	0.4 / A	4.4 / A
Westbound	0.0 / A	3.6 / A	0.0 / A	4.4 / A	0.0 / A	3.4 / A
Southbound	37.8 / E	25.8 / C	34.6 / D	25.6 / C	26.3 / D	25.6 / C
Overall	5.1 / A	6.9 / A	4.3 / A	7.1 / A	3.6 / A	6.7 / A

Note: Signalized and unsignalized conditions use different LOS criteria

2. Reconfigured eastbound approach at Bay Avenue and Walnut Crescent

As previously discussed, the conceptual plan proposes the following improvements to lane configurations in the Redevelopment Area:

- Restriping the eastbound approach of Claremont Avenue to have an exclusive left turn lane and a shared thru-right lane (the centerline would be shifted to the north).
- Restriping the westbound approach of Bay Avenue to have an exclusive left turn lane and a shared thru-right lane (the centerline would be shifted to the south).
- Restriping the northbound approach of Walnut Crescent to have an exclusive left turn lane and a shared thru-right lane (the centerline would be shifted to the west).

Based on the analysis, the eastbound left turn volume would be approximately 40 vehicles or less during the peak hours and should not warrant an exclusive left turn lane. Given the short cycle length, the 95th percentile queues for the eastbound shared left-through lane would not exceed 125 feet (5 car lengths).

Alternatively, it would be recommended to restripe the proposed eastbound approach of Claremont Avenue to have a shared left-through lane and an exclusive right turn lane.

Parking Analysis

1. Existing Conditions

There are currently approximately 1045 parking spaces for the hospital in the Redevelopment Area. They are located in a number of facilities, shown in **Table 9** with their designation and parking capacity.

Table 9: Existing Parking Facilities in the Redevelopment Area

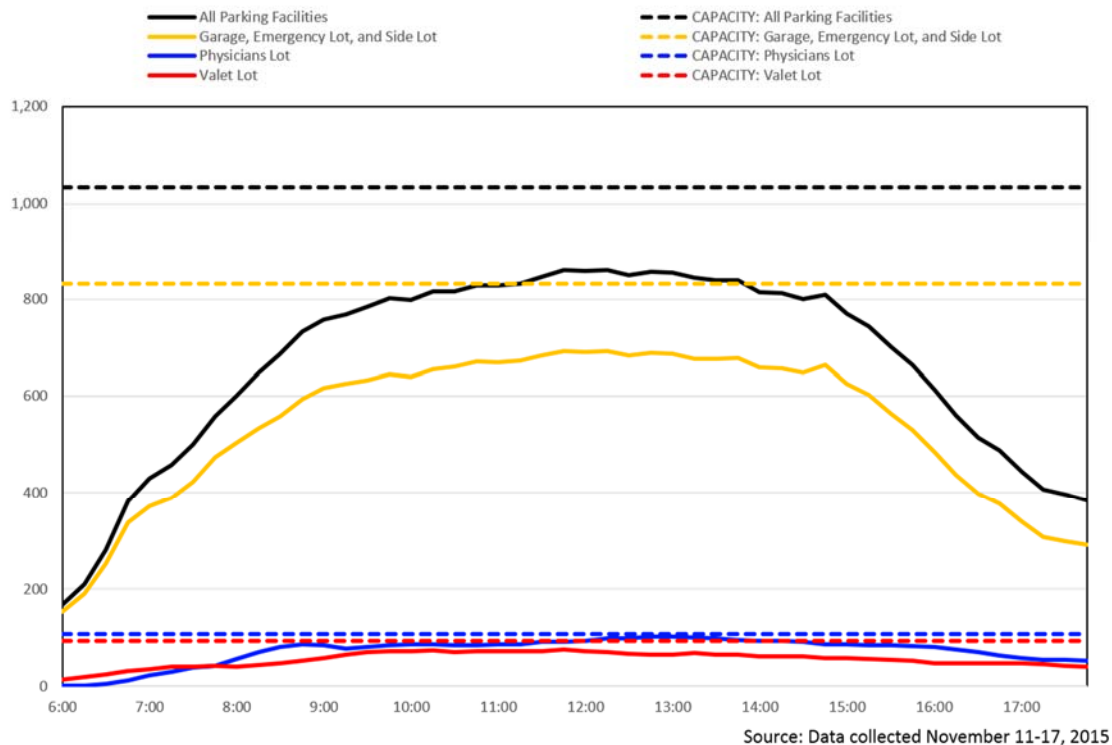
Facility	Capacity
Garage	680
Emergency Lot	39
Side Surface Lot	114
Physician Lot	107
Radiology	12
Valet	93
Total	1045

There are also 44 spaces in a lot on Sherman Street in Montclair. These spaces are outside the Redevelopment Area and are located more than one-quarter mile from the hospital’s main entry. Additionally, utilization rates for the Radiology lot were not measured. This is a non-gated and relatively isolated lot designated strictly for Radiology and Oncology visits. Overall, the employees and visitors to the hospital are unlikely to use that lot.

Parking utilization counts were taken at approximately 7:00am and 9:00am during the weekday to create establish baseline parking demand. This information was supplemented by 12 hours of video data (6:00am to 6:00pm) to record vehicles entering and exiting the parking facilities.

The 7:00am count was conducted prior to that the hospital’s administrative staff and nursing shifts to determine utilization at its approximate lowest level. This information was supplemented by 12 hours of video data (6:00am to 6:00pm) to record vehicles entering and exiting the parking facilities. **Figure 1** shows parking utilization through the 12 hour period.

Figure 1: Existing Parking Utilization



Peak utilization for all lots in the Redevelopment Area took place at the 12:15 to 12:30pm 15-minute increment. The lots were 83.35% filled during that time. This means that about 172 spaces in the area were available at the time of peak utilization. Peak utilization for the measured lots and the total parking are shown in the figure below. Because the parking garage, emergency lot, and side surface lot are managed at the same entry and exit points, these counts were combined into one location. Utilization percentages during the peak period are shown in **Table 10**.

Table 10: Parking Utilization by Facility in the Peak Period

Facility	Percent Utilized
Garage, Emergency Lot, and Side Lot	83.19%
Physicians Lot	91.59%
Valet Lot	75.27%
All Parking Facilities	83.35%

Although the Physician’s lot reached 91.59% at 12:15pm, parking constraints in the future are not a concern. The lot is dedicated parking for hospital physicians, and is likely managed to ensure that there is one spot for each parking access card. The peak utilization for this lot actually reached 96.26% at 1:00pm.

There is on-street parking with a two-hour time limit on streets in Montclair around the Redevelopment Area. Parking in the Hospital Zone in Glen Ridge is regulated by permit only. A weekday on-street parking count was conducted between 12:30 and 1:00pm to identify possible hospital-oriented parking during the facilities' peak period. Thirty-six (36) vehicles were counted around the Redevelopment Area. It is probable that not all of these cars were parked to avoid using the parking facilities documented in this report. These cars were located on residential side streets or next to other uses. It is also probable that at least some were parked to avoid using the designated facilities. George Street had the highest number of vehicles parked on-street (17). Allocating all of the on-street parking into the facilities would not greatly impact existing hospital parking availability. Overall, the existing parking supply meets the existing parking demand with adequate capacity to spare.

2. Future Demand

Future demand was calculated based on the development of the proposed MOB. While the last conceptual plan (Revision 2, dated January 4, 2016) for the proposed development segmented parking into multiple facilities, the Redevelopment Area served by the parking facilities consists of two principal uses: the MOB and the existing hospital. **Table 11** shows the capacities for these two uses in the redevelopment area. In some cases, the parking capacity proposed from the conceptual plan differs from the existing count taken by VHB (for example, the parking garage). These discrepancies are minor, representing less than a one percent difference between the two numbers. To maintaining consistency in this study, VHB has deferred to the concept plan for proposed parking figures.

Table 11: Proposed Parking Capacities

Facility	Proposed
Proposed MOB Parking	
On-site	198
Off-site	102
MOB Subtotal	300
Hospital Parking	
Radiology/Oncology Lot	27
ER Lot	141
Parking Garage	677
Doctor/Outpatient Lot	220
Sherman Street Lot	65
Hospital Subtotal	1130
TOTAL	1430

The plan for the approximately 60,000 square foot MOB proposes 300 parking spaces split between two lots: on-site with the development, and off-site with an entrance from Highland Avenue. While the physical location of the lots may have an effect on traffic generation in the area, they do not affect parking demand

for the proposed MOB. The Institute of Traffic Engineers (ITE) *Parking Generation Manual: 4th Edition* was used to determine parking demand for the MOB. Medical Office Buildings are categorized under Land Use Code 720. The formula for calculating weekday peak period parking demand is as follows:

$$P = 3.40x - 13$$

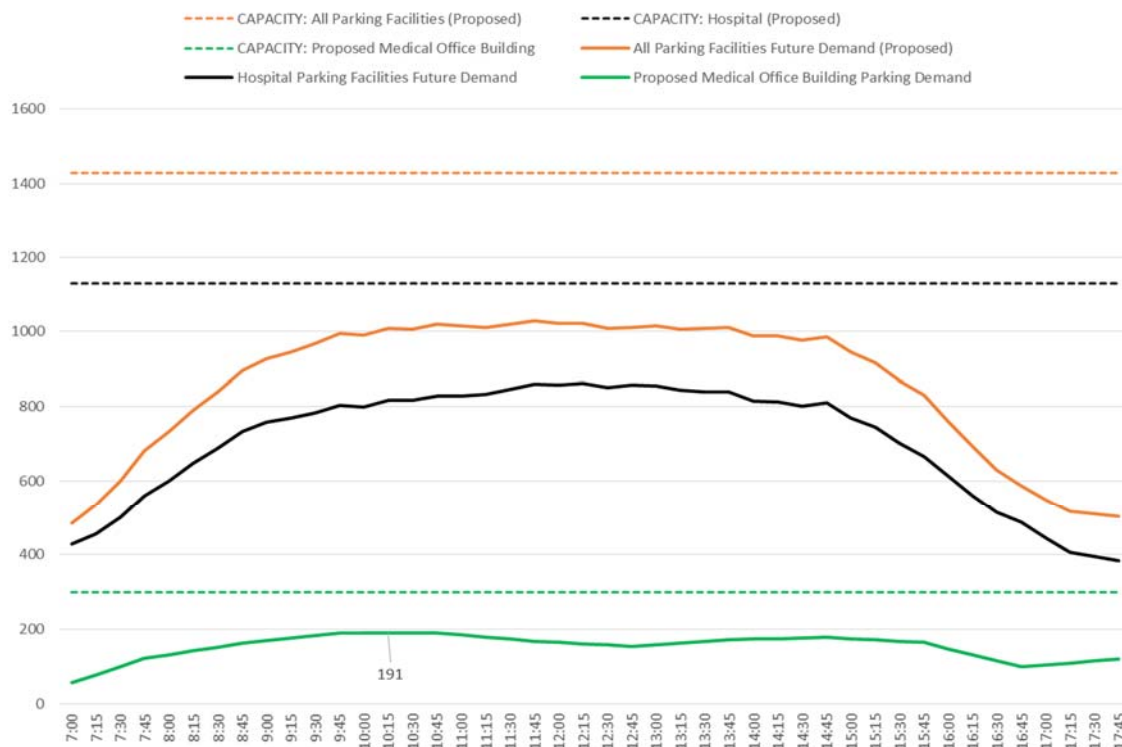
P – Parking Demand
 X – 1,000 square feet Gross Floor Area

Based on the calculations, the peaking parking demand (between 10:00am and 12:00pm) for a 60,000 square foot Medical Office Building is 191

$$191 = 3.40(60) - 13$$

The hospital parking demand can be determined by the current parking utilization, assessed as part of the existing conditions. Since the uses at the hospital are not changing under the proposed MOB, there is no change expected in the current level of demand for hospital parking. Additionally, 85 new spaces are proposed through a parking reconfiguration and the construction of an additional surface lot adjacent to Highland Avenue, which add to the available capacity. **Figure 2** shows the future proposed parking capacity and demand for the MOB, the hospital, and both uses combined.

Figure 2: Future Proposed Parking Demand and Capacity



As **Figure 2** shows, there is adequate parking capacity to meet existing and future demand for the proposed MOB development and current hospital operations.

The current proposed parking capacities would also satisfy a reasonable increase in future demand. There is a peak parking demand of 861 spaces under existing conditions. An increase of that peak demand by 30% would result in a demand for 1,119 spaces at the peak, which would still be slightly less than the parking capacity currently proposed by the hospital.

The proposed MOB site provides even more capacity for future growth. While this demand is based on other parking studies of a similar use, the 300 proposed MOB spaces would be able to accommodate a 50% increase in peak parking demand.

3. Conclusions

A. Traffic

Based on the results of the analysis, the proposed redevelopment would primarily affect two intersections within the Redevelopment Area: Bay Avenue/Walnut Crescent and Claremont Avenue/Walnut Crescent. The improvements provided in the conceptual plan do provide some benefits to delay associated with the proposed MOB, but would also have some negative effects on delay – primarily on the southbound approach at the Claremont Avenue/Walnut Crescent intersection. The following changes to the proposed conceptual plan are recommended:

- 1) Installation of a second fully-actuated signalized intersection at Claremont Avenue and Walnut Crescent. This would provide benefits to vehicular delay at the southbound approach from Walnut Crescent, while adding minimal additional delay associated with eastbound and westbound traffic.
- 2) Reconfiguration of lanes of the eastbound approach at the Bay Avenue/Walnut Crescent intersection from an exclusive left turn lane with a right-through lane to a left-through lane with an exclusive right turn lane. The volumes from the west into the proposed MOB site do not warrant a dedicated left turn lane, while the recommended lane configuration would better balance traffic volumes at the intersection.

B. Parking

Currently, parking demand for Parking demand at Mountainside Hospital is adequately met by the existing parking supply. This parking supply also includes 93 spaces for valet parking at the proposed MOB site, which would be removed for the MOB development. The conceptual parking plan for the redevelopment area proposes a net gain of 85 spaces, bringing the total parking capacity for the hospital to 1130. This would meet existing peak parking demand of 861 spaces and future growth of up to 30%.

The proposed MOB site proposes 300 parking spaces, equivalent to 5 spaces per 1,000 square feet gross floor area. The proposed supply of spaces provide enough capacity for the projected peak period demand of 191 spaces based on the formula derived from the ITE's Parking Generation Manual: 4th Edition. This capacity is able to meet an increase in future demand of up to 50%.

Appendix B

Montclair Township Referenced Ordinances

Submission Regulations, Section 202-29.1

Street Trees, Sections 281.2C & 281.2E

Lighting, Section 281-8.3

Parking Areas and Driveways, Section 281-9

Telecommunications, Section 347-17.1

Fences, Section 347-27

Off-Street Parking, Section 347-101

Signs, Article XVIII

Appendix C

LEED Checklist



LEED v4 for BD+C: New Construction and Major Renovation

Project Checklist

Project Name:
Date:

Y ? N

0	0	0	Credit	Integrative Process	1
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0 0 0 Location and Transportation 16

0	0	0	Credit	LEED for Neighborhood Development Location	16
0	0	0	Credit	Sensitive Land Protection	1
0	0	0	Credit	High Priority Site	2
0	0	0	Credit	Surrounding Density and Diverse Uses	5
0	0	0	Credit	Access to Quality Transit	5
0	0	0	Credit	Bicycle Facilities	1
0	0	0	Credit	Reduced Parking Footprint	1
0	0	0	Credit	Green Vehicles	1

0 0 0 Sustainable Sites 10

Y	0	0	Prereq	Construction Activity Pollution Prevention	Required
0	0	0	Credit	Site Assessment	1
0	0	0	Credit	Site Development - Protect or Restore Habitat	2
0	0	0	Credit	Open Space	1
0	0	0	Credit	Rainwater Management	3
0	0	0	Credit	Heat Island Reduction	2
0	0	0	Credit	Light Pollution Reduction	1

0 0 0 Water Efficiency 11

Y	0	0	Prereq	Outdoor Water Use Reduction	Required
Y	0	0	Prereq	Indoor Water Use Reduction	Required
Y	0	0	Prereq	Building-Level Water Metering	Required
0	0	0	Credit	Outdoor Water Use Reduction	2
0	0	0	Credit	Indoor Water Use Reduction	6
0	0	0	Credit	Cooling Tower Water Use	2
0	0	0	Credit	Water Metering	1

0 0 0 Energy and Atmosphere 33

Y	0	0	Prereq	Fundamental Commissioning and Verification	Required
Y	0	0	Prereq	Minimum Energy Performance	Required
Y	0	0	Prereq	Building-Level Energy Metering	Required
Y	0	0	Prereq	Fundamental Refrigerant Management	Required
0	0	0	Credit	Enhanced Commissioning	6
0	0	0	Credit	Optimize Energy Performance	18
0	0	0	Credit	Advanced Energy Metering	1
0	0	0	Credit	Demand Response	2
0	0	0	Credit	Renewable Energy Production	3
0	0	0	Credit	Enhanced Refrigerant Management	1
0	0	0	Credit	Green Power and Carbon Offsets	2

0 0 0 Materials and Resources 13

Y	0	0	Prereq	Storage and Collection of Recyclables	Required
Y	0	0	Prereq	Construction and Demolition Waste Management Planning	Required
0	0	0	Credit	Building Life-Cycle Impact Reduction	5
0	0	0	Credit	Building Product Disclosure and Optimization - Environmental Product Declarations	2
0	0	0	Credit	Building Product Disclosure and Optimization - Sourcing of Raw Materials	2
0	0	0	Credit	Building Product Disclosure and Optimization - Material Ingredients	2
0	0	0	Credit	Construction and Demolition Waste Management	2

0 0 0 Indoor Environmental Quality 16

Y	0	0	Prereq	Minimum Indoor Air Quality Performance	Required
Y	0	0	Prereq	Environmental Tobacco Smoke Control	Required
0	0	0	Credit	Enhanced Indoor Air Quality Strategies	2
0	0	0	Credit	Low-Emitting Materials	3
0	0	0	Credit	Construction Indoor Air Quality Management Plan	1
0	0	0	Credit	Indoor Air Quality Assessment	2
0	0	0	Credit	Thermal Comfort	1
0	0	0	Credit	Interior Lighting	2
0	0	0	Credit	Daylight	3
0	0	0	Credit	Quality Views	1
0	0	0	Credit	Acoustic Performance	1

0 0 0 Innovation 6

0	0	0	Credit	Innovation	5
0	0	0	Credit	LEED Accredited Professional	1

0 0 0 Regional Priority 4

0	0	0	Credit	Regional Priority: Specific Credit	1
0	0	0	Credit	Regional Priority: Specific Credit	1
0	0	0	Credit	Regional Priority: Specific Credit	1
0	0	0	Credit	Regional Priority: Specific Credit	1

0 0 0 TOTALS Possible Points: 110

Certified: 40 to 49 points, **Silver:** 50 to 59 points, **Gold:** 60 to 79 points, **Platinum:** 80 to 110



LEED v4 for BD+C: Healthcare
Project Checklist

Project Name:
Date:

Y ? N

Y	Prereq	Integrative Project Planning and Design	Required
0	Credit	Integrative Process	1

0 0 0 Location and Transportation 9

0	Credit	LEED for Neighborhood Development Location	9
0	Credit	Sensitive Land Protection	1
0	Credit	High Priority Site	2
0	Credit	Surrounding Density and Diverse Uses	1
0	Credit	Access to Quality Transit	2
0	Credit	Bicycle Facilities	1
0	Credit	Reduced Parking Footprint	1
0	Credit	Green Vehicles	1

0 0 0 Sustainable Sites 9

Y	Prereq	Construction Activity Pollution Prevention	Required
Y	Prereq	Environmental Site Assessment	Required
0	Credit	Site Assessment	1
0	Credit	Site Development - Protect or Restore Habitat	1
0	Credit	Open Space	1
0	Credit	Rainwater Management	2
0	Credit	Heat Island Reduction	1
0	Credit	Light Pollution Reduction	1
0	Credit	Places of Respite	1
0	Credit	Direct Exterior Access	1

0 0 0 Water Efficiency 11

Y	Prereq	Outdoor Water Use Reduction	Required
Y	Prereq	Indoor Water Use Reduction	Required
Y	Prereq	Building-Level Water Metering	Required
0	Credit	Outdoor Water Use Reduction	1
0	Credit	Indoor Water Use Reduction	7
0	Credit	Cooling Tower Water Use	2
0	Credit	Water Metering	1

0 0 0 Energy and Atmosphere 35

Y	Prereq	Fundamental Commissioning and Verification	Required
Y	Prereq	Minimum Energy Performance	Required
Y	Prereq	Building-Level Energy Metering	Required
Y	Prereq	Fundamental Refrigerant Management	Required
0	Credit	Enhanced Commissioning	6
0	Credit	Optimize Energy Performance	20
0	Credit	Advanced Energy Metering	1
0	Credit	Demand Response	2
0	Credit	Renewable Energy Production	3
0	Credit	Enhanced Refrigerant Management	1
0	Credit	Green Power and Carbon Offsets	2

0 0 0 Materials and Resources 19

Y	Prereq	Storage and Collection of Recyclables	Required
Y	Prereq	Construction and Demolition Waste Management Planning	Required
Y	Prereq	PBT Source Reduction- Mercury	Required
0	Credit	Building Life-Cycle Impact Reduction	5
0	Credit	Building Product Disclosure and Optimization - Environmental Product Declarations	2
0	Credit	Building Product Disclosure and Optimization - Sourcing of Raw Materials	2
0	Credit	Building Product Disclosure and Optimization - Material Ingredients	2
0	Credit	PBT Source Reduction- Mercury	1
0	Credit	PBT Source Reduction- Lead, Cadmium, and Copper	2
0	Credit	Furniture and Medical Furnishings	2
0	Credit	Design for Flexibility	1
0	Credit	Construction and Demolition Waste Management	2

0 0 0 Indoor Environmental Quality 16

Y	Prereq	Minimum Indoor Air Quality Performance	Required
Y	Prereq	Environmental Tobacco Smoke Control	Required
0	Credit	Enhanced Indoor Air Quality Strategies	2
0	Credit	Low-Emitting Materials	3
0	Credit	Construction Indoor Air Quality Management Plan	1
0	Credit	Indoor Air Quality Assessment	2
0	Credit	Thermal Comfort	1
0	Credit	Interior Lighting	1
0	Credit	Daylight	2
0	Credit	Quality Views	2
0	Credit	Acoustic Performance	2

0 0 0 Innovation 6

0	Credit	Innovation	5
0	Credit	LEED Accredited Professional	1

0 0 0 Regional Priority 4

0	Credit	Regional Priority: Specific Credit	1
0	Credit	Regional Priority: Specific Credit	1
0	Credit	Regional Priority: Specific Credit	1
0	Credit	Regional Priority: Specific Credit	1

0 0 0 TOTALS Possible Points: 110

Certified: 40 to 49 points, Silver: 50 to 59 points, Gold: 60 to 79 points, Platinum: 80 to 110