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Mark Levine, Borough President

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**Recommendation on ULURP Application Nos. N250152ZRM, C250153ZSM,
N250155ZCM, N250154ZAM, C250151ZMM – Lenox Hill Hospital
By Northwell Health**

PROPOSED ACTIONS

Northwell Health (the “Applicant”) is proposing multiple land use actions to facilitate the redevelopment and enlargement of the existing Lenox Hill Hospital (the “Proposed Project”) located on the block bounded by East 76th Street, East 77th Street, Lexington Avenue, and Park Avenue (Block 1411, Lots 1 and 113), in Manhattan Community District 8 (the “Site”).

The Applicant proposes the following actions:

1. A zoning map amendment to rezone the Lexington Avenue frontage of the Site from C1-8X to C1-9 and the midblock portion of the Site from R8B to C1-8 (the “Rezoning Area”);
2. A zoning text amendment that includes the following:
 - a. Create a new special permit per Section 74-904 of the New York City Zoning Resolution (ZR), for non-profit or voluntary hospitals in R9, R10, and certain commercial districts, occupying a full-block zoning lot, and partially within the Special Park Improvement District, the City Planning Commission (CPC) can permit:
 - i. A floor area increase of up to 20% for community facility use;
 - ii. The floor area bonus can be used in combination with a floor area bonus from an authorization connected to mass transit station improvements (ZR 66-51);
 - iii. Modifications of applicable bulk regulations provided that the amount of floor area located in the Special Park Improvement District does not exceed a floor area ratio (FAR) of 10.0;
 - b. Amend ZR Section 66-513(a)(2) to allow a floor area bonus pursuant to ZR Section 66-511 or 66-512 in combination with other floor area bonuses to exceed 20% of the maximum FAR otherwise allowed where permitted by CPC special permit;
 - c. Amend ZR Section 92-21 to allow the permitted FAR on a zoning lot partially within the Special Park Improvement District for which a special permit is granted under ZR Section 74-904 to exceed 10.0 FAR;
 - d. Amend ZR Appendix F to establish the Rezoning Area as a Mandatory Inclusionary Housing (“MIH”) area;
3. A special permit pursuant to ZR Section 74-904 to permit redevelopment of the Site predominantly for Use Group III(B) non-profit hospital use, containing up to 1,034,471 square feet of floor area and an FAR of 12.5;

Nos. N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, C250151ZMM – Lenox Hill Hospital

4. Authorization pursuant to ZR Section 65-511 to permit a floor area increase of up to .5 FAR for improvements to the southbound platform of the 77th Street station on the Lexington Avenue line as part of the total proposed 12.5; and
5. Certification pursuant to ZR Section 66-21(c) transit volume encompassing the mass transit station improvements in connection with the Proposed Project.

These actions would facilitate the redevelopment and enlargement of Lenox Hill Hospital, with single-bed rooms, larger operating suites, a right-sized emergency department, new entrances, ambulance bays, loading bays, and subway improvements.

BACKGROUND

Lenox Hill Hospital was founded at its current location in 1857, and the first hospital building opened in the late 1860s. The Site has since grown to include ten buildings, built between the 1800s and the early 1970s.

While six of the hospital's ten buildings were built before the establishment of the 1961 Zoning Resolution, the area has undergone a series of zoning changes since then. The Special Park Improvement District was mapped in 1973 and the depth of the Special District's R10 boundary was reduced in 1983. Lexington Avenue was rezoned to C1-8A then C1-8X in 1983 and 1984 respectively, the midblock was rezoned to R8B in 1985, and maximum height limits were established. Three of the hospital buildings have existing variances from the New York City Board of Standards and Appeals (BSA), including variances for exceeding various maximum height and lot coverage requirements.

The Applicant first proposed the redevelopment of Lenox Hill Hospital in 2019. The proposal originally contemplated a 516-foot hospital building fronting Lexington Avenue and a 490-foot residential building fronting Park Avenue. Then Manhattan Borough President Gale Brewer and Council Member Keith Powers convened a task force that met seven times between December 2019 and November 2020, and by the conclusion the Applicant had revised their proposal to the 436-foot envelope on Lexington Avenue and eliminated the residential building, which is reflected in the current Proposed Development.

Lenox Hill Hospital currently has 450 beds and has an average of 360 patients per day, an occupancy rate of 80%. This occupancy rate is the standard called for in New York State to provide proper patient care, allow flexibility for hospital volume surges, ensure staff capacity, and respond to emergencies. The existing emergency department (ED) is approximately 14,000 square feet, with 34 existing ED positions, 15 of which are located in the hallway and separated by a curtain, and the ED is often over capacity. The Applicant projects that by 2036 Lenox Hill will have 62,000 ED visits annually and need 48 treatment spaces.

Other standalone hospital campuses exceed the square footage of the proposed redevelopment. The campuses of NYU Langone, Mount Sinai, New York-Presbyterian/Weill-Cornell, Memorial

Nos. N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, C250151ZMM – Lenox Hill Hospital

Sloan Kettering Pavilion and MSK-CUNY, and NYP/Columbia have zoning square footages ranging from 2.65 million to 4.58 million, as well as comparable heights.¹

Proposed Development

The Proposed Project would redevelop Lenox Hill Hospital with up to 1,034,471 square feet of non-profit hospital use and up to 2,500 square feet of retail use. The hospital would include 475 single-bed rooms; 30 operating rooms; 48 emergency department positions; 13 labor, delivery, and recovery rooms; enlarged operating suites; an enlarged emergency department of 41,500 square feet; new entrances, ambulance bays, and loading berths; and a new subway entrance. The retail space would likely be occupied by a ground-floor pharmacy.

The Applicant proposes two building envelope options, “Envelope 1” and “Envelope 2.” The two envelopes propose the same zoning square footage and hospital program. Envelope 1 proposes a 436-foot hospital building with a width of 180 feet on Lexington Avenue and 210 feet tall in the midblock, which is the same as the tallest existing midblock building. Envelope 2 proposes a 395-foot hospital building with a width of 180 feet on Lexington Avenue, 360 feet tall in an 84-foot-wide portion of the midblock, then decreasing to approximately 190 feet. According to the Applicant, both envelopes would satisfy the clinical needs of the hospital. Both envelopes propose an FAR of 12.5, facilitated by the 10.0 FAR from the rezoning and an additional 2.5 FAR from the community facility and mass transit improvement bonuses.

The proposed development would move the hospital entrances from the side streets they are on today to the avenues. On Lexington Avenue, the main hospital lobby would be located furthest south towards 76th Street, the retail entrance would be in the middle of Lexington Avenue, and the emergency department walk-in entrance would be furthest north close to 77th Street. The renovated southbound subway station entrance would be located at the corner of Lexington Avenue and 77th Street. Lastly, a new dedicated Mother-Baby entrance is proposed on Park Avenue. The sidewalks are also proposed to be widened for improved pedestrian circulation.

Additionally, the proposal includes six ambulance bays on 77th Street, accessible by three proposed curb cuts, compared to no ambulance bays in the current hospital where patients are unloaded from ambulances in the street. The Applicant also proposes four new loading berths on 76th Street in addition to the existing three, with the new berths sized to accommodate modern trucks.

The proposed subway station improvements include a larger covered entrance within the footprint of the hospital building, widening the staircase from two separate five-foot staircases to one 15-foot staircase, and installing an elevator to the mezzanine and then a ramp to the platform for Americans with Disabilities Act (ADA) compliance. The Applicant is proposing a floor area increase of .5 FAR connected to this mass transit improvement. No improvements to the northbound subway entrance are currently proposed, as the Applicant has stated they do not control the property on the northbound side.

¹ NYP/Columbia: 250 feet, NYU Langone: 374 feet, NYP/Weill-Cornell: 376 feet, Mount Sinai: 436 feet, MSK-CUNY: 438 feet, MSK Pavilion (not yet complete): 598 feet

Nos. N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, C250151ZMM – Lenox Hill Hospital

Area Context

The Site is located in Manhattan Community District 8 in the Lenox Hill neighborhood. The surrounding area is primarily zoned C1-8X, R8B, R10, and C1-9. A portion of the Site is located in the Special Park Improvement District. The Site is adjacent to the Upper East Side Historic District.

The Site is well served by transit by the 6 train at 77th Street and Lexington Avenue and the M101, M102, M103, and M79-SBS buses.

COMMUNITY BOARD RESOLUTION

Manhattan Community Board 8 (“CB8”) held a public hearing on the project on March 12, 2025 and accepted additional written commentary from members of the public.

On April 9, 2025, CB 8 voted 23-14-1 to recommend disapproval of the project unless the following conditions are met:

1. Commit to a maximum height of 215 feet across the entire zoning lot with no bonuses to increase the height;
2. Choose either the community facility floor area bonus or the mass transit improvement bonus, not both;
3. Establish the entirety of the zoning lot as a Mandatory Inclusionary Housing (MIH) area;
4. Along with the commitment of other stakeholders, make the subway entrance to both southbound and northbound platforms accessible;
5. Maintain permanent hospital use on the entire zoning lot, and if the Park Avenue frontage is sold for residential development the public should be notified and 5% of the sales price should be used for transit improvements and other community benefits;
6. Provide parking on site or off site for staff and visitors; and
7. No after hour variance permits for construction without Community Board approval.

BOROUGH PRESIDENT’S COMMENTS

New York City faces growing and urgent healthcare needs. Hospital closures, particularly in Manhattan’s downtown, have strained access across the boroughs and decaying infrastructure have forced hospitals to make difficult choices. To maintain a strong citywide healthcare system, it’s essential we invest in the institutions we have—starting with those already embedded in our neighborhoods.

Since 2019 the Upper East Side has been grappling with the proposed redevelopment of Lenox Hill Hospital and its implications for the neighborhood, for the patients who rely on healthcare services, and for the state of healthcare citywide.

Up until now, the development of the hospital has been piecemeal, with the last meaningful work to the hospital completed over 60 years ago. The building is out of compliance with current zoning. The aging facilities no longer meet present day needs. Half of the current emergency department beds are located in the hallway, patients per day exceeds capacity, and patients are

Nos. N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, C250151ZMM – Lenox Hill Hospital

unloaded from ambulances in the street, leading to severe congestion. In the six years since the initial proposal was contemplated, we have experienced a global pandemic, task forces have been formed, and Community Board meetings held, leading to the significant alteration of the original proposal. As the project continues to move through public review, we must ensure that the work of the past six years culminates in a project that provides high-quality healthcare to the Upper East Side and the city while also balancing the need to be a good neighbor to the surrounding community.

The redevelopment plan proposes to drastically improve patient care and experiences at the hospital. Improvements would include new operating rooms that can accommodate changing technologies, new ambulance bays that would allow ambulances to drop-off patients away from the chaos of the street, single rooms that help prevent the spread of disease, an expanded emergency department that would meet current and future capacity needs and get patients out of the hallway, wider sidewalks for better pedestrian circulation, and a more spacious and accessible southbound subway station.

While there is broad consensus that Lenox Hill is in urgent need of modernization, local residents have raised significant concerns about the current plan, including: building height, construction timeline and disruptions, patient experience and access to care, and lack of improvements to the northbound subway station.

My office and Lenox Hill have heard these concerns, and I have been working with them to identify opportunities to improve the proposal.

Height:

The height of the proposed building has been a primary concern for many local residents, and subsequently significant changes to height have been made since the plan was first proposed in 2019. Lenox Hill's current plan has reduced the proposed height of the building on Lexington Avenue by 16.8% with Envelope 1 or by 26.6% with Envelope 2. Lenox Hill has also maintained that any further reduction in height would lead to cutting hospital services. **However, I continue to call on Lenox Hill to explore creative solutions for further reduction in height without significantly reducing hospital services.**

Construction:

While the construction timeline has been reduced by two years and is now projected to be nine years (up to 6.5 externally with the rest done within the facility), it would still pose a serious disturbance. As the project continues through the design process, **I would like to see additional reduction in construction timeline, particularly the external construction, to the furthest extent possible.** The construction time period will also require extensive engagement by Lenox Hill, including communication with Community Board 8 and neighbors, and mitigations for noise, air quality, and traffic. Lenox Hill has already shared plans to soundproof patient rooms during construction and temporarily relocate the emergency department entrance to 76th Street during the period of peak construction, but ongoing coordination is needed.

Patient experience and access to care:

While the construction of six new ambulance bays is already a vast improvement to the existing campus, the current proposal requires ambulances to back out onto 77th Street, which poses operational and emergency response challenges. **I urge Lenox Hill to create a ground-floor plan that would allow ambulances to exit the hospital without having to back out, whether by turning around within the footprint of the building or passing through the building to exit on the other side.** Ensuring that ambulances can exit as seamlessly as possible will improve local street conditions.

It is important that all communities in the city have access to quality healthcare. Northwell has shown a commitment to expanding their care citywide, including a new eight-bed inpatient medical/surgical unit and cardiac catheterization suite in addition to existing services at Northwell Greenwich Village. **I am asking Northwell to continue to expand their healthcare services to areas of need citywide.**

While single-bed rooms would improve the standard of care for patients, their families, and medical staff, I also share concerns about whether patients with government insurance will still be able to access care in single-bed rooms. Lenox Hill has confirmed that Medicare and Medicaid will cover single-bed rooms. **I am still asking the hospital to ensure that cost of care not increase as a result of the renovation.**

Subway access:

Lenox Hill has committed to an upgraded and accessible subway station at the southbound platform. But failing to implement similar improvements for the northbound platform is problematic. Lenox Hill has explained multiple barriers to achieving this—they do not control the northbound properties, for the property owners to accommodate a subway entrance they would likely have to give up ground-floor retail space and lose a revenue source, and a sewer line would prevent an underpass from the southbound station. However, **I am asking Lenox Hill to continue making a concerted effort to come to an agreement with the property owners and provide adequate resources to support those improvements.**

Community and labor partnerships:

The plan includes commitments to community partnerships and good labor standards. This includes support and future commitment to support beloved Manhattan organizations like Harlem Grown and Carter Burden, as well as a commitment to using union labor for construction and maintaining their unionized workforce. **I urge Lenox Hill to enter a Project Labor Agreement for the renovation.**

To address these concerns and help improve access to healthcare in the area, I am pleased to announce two significant commitments to enhance this proposal:

First, to help facilitate close coordination with the local community and ensure construction impacts are mitigated, Lenox Hill has committed to hosting a construction task force. Lenox Hill will invite elected officials, representatives from neighboring buildings, and members of Community Board 8 to participate. Importantly, meetings will begin before the start of

Nos. N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, C250151ZMM – Lenox Hill Hospital

construction. This partnership between the community and the hospital is an important part of ensuring that the neighborhood is top of mind during all phases of the project.

Second, to help address our mental health crisis and ensure we are investing in healthcare infrastructure to support New Yorkers in need, I have secured a guarantee from Lenox Hill Hospital that they will be expanding their services to address this crisis head on. Northwell's mental health center in the Manhattan Eye, Ear, & Throat Hospital is at capacity with 21,000 patient visits a year and cannot accommodate the current volume of referrals and requests for care. Lenox Hill has committed to making a \$6 million capital investment in its mental health outpatient services, using vacant retail space nearby the Manhattan Eye, Ear, & Throat Hospital to create a new 10,000-square-foot outpatient mental health center that expects to see 30,000 patient visits annually. They intend to expand child and adolescent mental health services, partner with community organizations, and undertake important training and research, all of which will help address our citywide behavioral health needs.

Holding Lenox Hill Hospital to these improvements, in addition to the conditions related to construction, community partnership, and building size, will help ensure we invest in the future of healthcare in New York City while minimizing local disruption wherever possible. I recognize that the success of this project will require continuous work by Lenox Hill to engage with the community and be responsive to concerns at all phases of the project. My hope is that Lenox Hill Hospital and the community can come together throughout the remainder of this ULURP process and beyond to reach a reasonable outcome.

BOROUGH PRESIDENT'S RECOMMENDATION

Therefore, I recommend **approval** of ULURP Application Nos. N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, C250151ZMM with the following conditions:

Maintain commitments made to this point:

1. Establish a construction task force or working group of elected officials, representatives from neighboring buildings, Community Board members, and any other nearby stakeholders that begins before the start of construction and meets regularly throughout construction;
2. Expand behavioral health services through the creation of a new Upper East Side outpatient center for mental health nearby the Manhattan Eye, Ear, & Throat Hospital;

Make the following improvements to the proposal:

3. Commit to a ground-floor plan that allows ambulances to pass through or turn around within the footprint of the hospital instead of having to back out onto 77th Street;
4. Reduce the height to the maximum extent possible, while avoiding a significant reduction in hospital services;
5. Make a concerted effort to reach an agreement with property owners and commit significant resources for improvements to the northbound subway station;

Make the following commitments to healthcare:

Nos. N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, C250151ZMM – Lenox Hill Hospital

6. Ensure that wait times and admittance times will decrease at Lenox Hill Hospital;
7. Ensure that the hospital does not diminish care to patients with public insurance and assure that the transition to single rooms does not preclude low-income patients and/or patients with public insurance;
8. Double down on healthcare services in other areas citywide, such as downtown Manhattan and other areas of the city in need of healthcare services;

Make the following commitments about construction:

9. Decrease construction time to the maximum extent possible, especially external construction;
10. Mitigate noise, traffic, and air quality issues from construction;
11. Minimize off-hours work and be in conversation with the construction task force (which will include representatives from Community Board 8) about any after-hour variance permits for construction;

Make the following commitments to the community:

12. Commit to using union labor for all aspects of the project including construction and hospital operation and maintenance, memorialized in a Project Labor Agreement;
13. Continue existing community partnerships and expand partnerships with additional community organizations;
14. Maintain permanent hospital use on the entire zoning lot, and if the Park Avenue frontage is sold for residential development to notify the public and commit 5% of the sales price for transit improvements and other community benefits;

Make the following commitments about operations:

15. Provide clear wayfinding and traffic mitigations for all entrances, including for pedestrians as well as car drop-offs and pickups, and ensure building facades are cohesive with the neighborhood context;
16. Study whether moving the Mother-Baby entrance from Park Avenue would help alleviate concerns about how the entrance would interact with the street; and
17. Ensure that there is a plan for adequate offsite parking that satisfies any additional demand from staff or visitors.



Mark Levine
Manhattan Borough President