

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

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In the Matter of the Application of

Index No. _____

COMMITTEE TO PROTECT OUR LENOX HILL
NEIGHBORHOOD, INC., CIVITAS CITIZENS INC., 145
EAST 76TH STREET CORPORATION, EAST 76TH
REALTY CO., INC., 829 PARK AVENUE
CORPORATION, PARK AND 76TH ST. INC., 885 PARK
AVENUE CORPORATION, 863 PARK AVENUE, INC.,
PARK AVENUE AND SEVENTY-SEVENTH STREET
CORPORATION, 875 PARK AVENUE CORPORATION,
1065 LEXINGTON AVENUE CORPORATION, ANDREW
PEARCE, BARBARA MINTZ, ELIZABETH
HERKELRATH, WILLIAM HERKELRATH, HILARY
CECIL-JORDAN, LENORE PASSAVANTI, PIERRE VAN
BOCKSTAELE, and WENDY LEHMAN LASH,

**VERIFIED PETITION
AND COMPLAINT**

Petitioners/Plaintiffs,

For a Judgment Pursuant to Article 78 and Sections 3001
and 6301 of the New York Civil Practice Law and Rules,

-against-

THE CITY OF NEW YORK, NEW YORK CITY
COUNCIL, NEW YORK CITY PLANNING
COMMISSION, LENOX HILL HOSPITAL and
NORTHWELL HEALTH, INC.,

Respondents/Defendants.
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Petitioners/Plaintiffs COMMITTEE TO PROTECT OUR LENOX HILL
NEIGHBORHOOD, INC., CIVITAS CITIZENS INC., 145 EAST 76TH STREET
CORPORATION, EAST 76TH REALTY CO., INC., 829 PARK AVENUE CORPORATION,
PARK AND 76TH ST. INC., 885 PARK AVENUE CORPORATION, 863 PARK AVENUE,
INC., PARK AVENUE AND SEVENTY-SEVENTH STREET CORPORATION, 875 PARK
AVENUE CORPORATION, 1065 LEXINGTON AVENUE CORPORATION, ANDREW,

PEARCE, BARBARA MINTZ, ELIZABETH HERKELRATH, WILLIAM HERKELRATH, HILARY CECIL-JORDAN, LENORE PASSAVANTI, PIERRE VAN BOCKSTAELE, and WENDY LEHMAN LASH (collectively, “Petitioners”), by their attorneys Davidoff Hutcher & Citron LLP, as and for their verified petition and complaint against Respondents/Defendants THE CITY OF NEW YORK, NEW YORK CITY COUNCIL, NEW YORK CITY PLANNING COMMISSION (collectively, “the City”), LENOX HILL HOSPITAL and NORTHWELL HEALTH, INC. (collectively, “Northwell”) (hereinafter, the City and Northwell are collectively referred to as “Respondents”), allege as follows:

PRELIMINARY STATEMENT

1. This is a hybrid Article 78 proceeding and action to vacate and annul the unlawful and unprecedented zoning approvals granted by the City to Northwell to construct a massive new facility in the heart of a residential community on the Upper East Side of Manhattan as part of the proposed redevelopment and expansion of Lenox Hill Hospital. Northwell will be pursuing financing of at least \$2.5 billion, using public funds, to pay for a project that will add only 25 beds to the existing hospital. The City’s zoning approvals blatantly violate established New York law. Accordingly, Petitioners – including residents abutting the hospital who will incur significant damage from the project – request an order vacating and annulling the approvals.

2. The approvals and the process by which they were obtained by Northwell constitute clear violations of the State Environmental Quality Review Act (“SEQRA”), N.Y. ECL 8-0101 *et seq.*, and the City Environmental Quality Review (“CEQR”), 43 RCNY 6-01 *et seq.*; 62 RCNY 5-01 *et seq.* The result, if not reversed, would comprise illegal spot zoning by conferring upon Northwell a unique and singular advantage unavailable to other property owners in the neighborhood, and would afford no corresponding public benefit whatsoever to the community.

Indeed, the proposed project would have devastating consequences to community character, urban planning and design, and public safety, and would create an assortment of other adverse environmental impacts, including shadow impacts, noise pollution, disruption of traffic patterns, traffic congestion, production of smog and other air-quality issues, and result in otherwise avoidable construction impacts which would be expected to endure for at least eight years.

3. Worse, the Final Environmental Impact Statement (“FEIS”), prepared at the behest of Northwell, reflects that critical facts pertaining to the neighborhood and the extent to which its municipal ecosystem would be adversely affected, were mischaracterized or flat-out misrepresented, while mitigation measures were disregarded and alternatives completely dismissed. In every conceivable sense, Northwell’s plan, which is nothing short of an institutional vanity project, is the consequence of a campaign by a well-funded hospital system to obtain approval of changes to the City’s Zoning Resolution that cannot be justified on the actual facts, and which would, if not reversed, cause lasting damage to the surrounding community while providing no meaningful public benefit.

4. SEQRA requires governmental agencies to consider the environmental impacts of their actions prior to rendering certain defined discretionary decisions called Actions. The primary purpose of SEQRA is to inject environmental considerations directly into governmental decision making. *Alpan v. Koch*, 75 N.Y.2d 561, 569 (1990) (quoting *Coca-Cola Bottling Co. v. Bd. of Estimate*, 72 NY.2d 674, 679 (1988)). Consistent with the Act’s overarching purpose, the “environment” that SEQRA is designed to protect is *broadly* defined to include:

the physical conditions which will be affected by proposed action, including land, air, water, minerals, flora, fauna, noise, objects of historic or aesthetic significance, existing patterns of population concentration, distribution or growth and existing community or neighborhood character.

ECL §8-0105(6). And when enforced in combination with CEQR, the environmental issues regulated by SEQRA encompass approximately 20 distinct areas of environmental concern, ranging from those referenced above, to land use and zoning (CEQR Tech Man. Ch. 4), socioeconomic conditions (*id.* Ch. 5), urban design and visual resources (*id.* Ch. 10), transportation (*id.* Ch. 16), public health (*id.* Ch. 20) and construction impacts (*id.* Ch. 22). In this way, SEQRA and CEQR provide a broad spectrum of environmental regulation to minimize and/or eliminate where possible, adverse impacts on the City's neighborhoods and communities resulting from municipal decision-making.

5. In this instance, Northwell's proposed project threatens severe and wide-ranging environmental consequences precipitated by an ill-conceived plan that was not properly presented to the City's decision-makers. The predominant flaw in Northwell's proposed project is the extent to which its scale and bulk would threaten the surrounding community without any corresponding public benefit. In particular, Northwell's plan would reverse decades of precedent embodied in the New York City Zoning Resolution and Zoning Map, which was heralded in 1916 as the nation's first comprehensive zoning ordinance. One of the key features of the 1916 Zoning Resolution, which has remained a constant over the last 109 years of comprehensive land use regulation in New York City, has been controlling and harmonizing building size and shape. Indeed, the Zoning Resolution was intended to create a framework for managing the overall size and shape of new buildings, in furtherance of the protection of public health, safety and general welfare. The approvals at issue in this case conflict starkly with the very purpose of comprehensive

zoning and, in particular, they contravene New York City's longstanding zoning policy and its well-considered and comprehensive zoning plan (G. Janes Aff. ¶¶ 3-5).¹

6. The Lenox Hill Hospital zoning approvals constitute unlawful "spot zoning" in favor of an individual entity, and violate New York City General City Law Section 20(25), which expressly empowers the City to enact zoning regulations "designed to promote the public health, safety and general welfare ... in accord with a well considered plan." As set forth below, the Lenox Hill Hospital zoning approvals do not promote public health, safety and general welfare. Instead, they are contrary to what has been the time-honored and well-considered plan for the development of buildings in the Lenox Hill neighborhood as well as similarly-situated communities in the city.

7. Comprehensive zoning was conceived in New York and adopted across the United States and around the world, to implement a community's long-term vision by regulating land use, building dimensions, and population density to promote public health, safety, and welfare. Rather than benefitting the general community and safeguarding public health, safety and welfare, however, the Lenox Hill Hospital zoning approvals at issue in this proceeding provide a singular benefit unique to Northwell in furtherance of its ambition to create a luxury facility rivaling its competitors by building an enormous "trophy asset" to attract wealthy patients to the detriment of the community. As such, the zoning approvals are "a clear example of spot zoning, for they

¹ This Petition and Complaint is accompanied by the affirmations of George M. Janes addressing zoning and land use issues demonstrating how the zoning approvals are contrary to the comprehensive zoning plan that underlies the City's Zoning Resolution ("G. Janes Aff."); Fred Hyde addressing the lack of need for the proposed expansion and the fact that the project will cost more than \$2.5 billion which will be borne by New Yorkers in the form of higher hospital costs ("F. Hyde Aff."); and Lois Uttley addressing how the project will exacerbate existing health-care inequities in New York City by adding hospital capacity where it is least needed and further disadvantage patients in underserved communities who need better access to timely affordable health care the most ("L. Uttley Aff.").

constitute a rezoning for the benefit of a single owner for a specific purpose only – spot zoning in its most maleficent aspect.” *Augenblick v. Town of Cortlandt*, 66 N.Y.2d 775, 777 (1985) (adopting dissenting opinion of Lazer, J.P., 104 A.D.2d 806, 815 (2d Dept. 1984)).

8. The full panoply of zoning entitlements that Northwell obtained from the City allows the enlargement of Lenox Hill Hospital by increasing the hospital’s floor area by 78%, resulting in a massive, bulky structure that is vastly out of scale with the Lenox Hill community. Indeed, the challenged zoning approvals bestowed upon Northwell, and no other property owner in the Lenox Hill neighborhood, the singular right to rebuild Lenox Hill Hospital with the combination of huge floor plates (over 30,000 square feet), a hospital building height (370 feet), and minimal setbacks that are simply not found on the Upper East Side of Manhattan, much less anywhere else in New York City in a densely-populated residential neighborhood such as Lenox Hill (*see, e.g.*, G. Janes Aff. ¶¶ 2, 17). No other building in the surrounding area includes this unique combination of height and bulk, that would result in the creation of a hulking edifice that would overwhelm surrounding structures in ways the City just hasn’t seen before (*id.*).

9. In the guise of providing improved health care, Northwell succeeded in misleading the City Planning Commission (“CPC”) and City Council and blinding them to the fact that the project they approved would allow transformation of what is now a community hospital of modest scale, nestled in the midst of a densely-populated and historic residential neighborhood, into an institutional monstrosity comparable in its massing to enormous commercial buildings in the City’s business districts such as the Empire State Building, Freedom Tower and One Vanderbilt (G. Janes Aff. ¶ 5).

10. Although Northwell has asserted that the project’s proposed bulk is consistent in scale with other institutions and medical facilities in the area, that is simply untrue. The only

“institutions” in the area are houses of worship, schools, small businesses, restaurants and medical offices which bear absolutely no resemblance to the proposed project. Nor do any other area buildings even come close (G. Janes Aff. ¶¶ 6-7). A building’s impact on the surrounding neighborhood is a function of both the height of the building and the size of its floor plates, which together define the overall massing of the structure in relation to surrounding buildings. In the case of the Lenox Hill Hospital expansion mistakenly approved by the City, and contrary to Northwell’s claims, the floor plates of the tallest buildings in the Lenox Hill neighborhood are dwarfed by the project’s floor plates, which are more than six times the size of any 300-foot tower in the FEIS study area (*id.* ¶ 23-24).

11. The CPC and City Council also were misled by Northwell’s attempted justification that the scale of the proposed Lenox Hill Hospital rebuild is in line with other similarly-situated hospitals. Here, too, Northwell was disingenuous as can be easily demonstrated by applying one of the Zoning Resolution’s basic tools for determining a proposed development’s maximum allowable building floor area, which is known as Floor Area Ratio or FAR. It is the ratio of total building floor area to the area of its zoning lot. Each zoning district has a FAR which, when multiplied by the lot area of the zoning lot, produces the maximum amount of floor area allowable on that plot of land.

12. When compared to hospitals elsewhere on the Upper East Side of Manhattan as well as in other Manhattan neighborhoods, Lenox Hill Hospital’s gross FAR exceeds any hospital building, including those within the larger, less-concentrated campuses of Mount Sinai Hospital, Columbia University Irving Medical Center, NYU/Bellevue/VA, Memorial Sloan Kettering/Hospital for Special Surgery/Presbyterian, and Metropolitan Hospital Center. An additional distinguishing factor, moreover, is the fact that unlike Lenox Hill Hospital, these other

hospitals are all located on “superblocks,” near shorelines, or adjacent to large parks, none on a small block in the center of a densely-populated residential neighborhood (G. Janes Aff. ¶ 26).

13. The City’s zoning approvals -- including amendments to the Zoning Resolution text and the Zoning Map as well as the grant of a zoning Special Permit and an Authorization -- were designed to accomplish Northwell’s goal of “upzoning” (*i.e.*, dramatically increasing the site’s development potential) by dramatically increasing the Lenox Hill Hospital FAR by nearly 67% -- from 7.5 to 12.5. First, the Zoning Map amendment changed the zoning districts in which the project site is located to increase the permitted community facility FAR to 10.0. Next, the Zoning Resolution text amendment created a new Special Permit designed specifically for the Lenox Hill Hospital rebuild allowing Northwell to obtain an additional 2.5 FAR (beyond the previous increase from 7.5 to 10). The Special Permit was specifically drafted so that Northwell could obtain every available floor area bonus after rezoning the site to 10.0 FAR to achieve its goal of securing 12.5 FAR. It appears that no hospital other than Lenox Hill could satisfy the findings required by the new Special Permit text, and it clearly benefitted only Northwell (G. Janes Aff. ¶¶ 10-15).

14. Equally egregious is the CPC’s approval of the Lenox Hill Hospital project in violation of the strictures of SEQRA and CEQR, which, as referenced above, comprise the process by which New York City agencies are required to assess the potential impacts that discretionary actions like the zoning approvals granted for the Lenox Hill Hospital project may have upon the environment. Pursuant to SEQRA and CEQR, Northwell was required to furnish to the CPC an Environmental Impact Statement allowing the Commission to take a “hard look” at the potential impacts on various environmental areas of concern referenced above, including land use, zoning, socioeconomic conditions, community facilities, open space, shadows, historic and cultural resources, urban design, natural resources, hazardous materials, infrastructure, energy,

transportation, air quality, noise, and public health. For the reasons set forth below, the FEIS prepared for the Lenox Hill Hospital project failed to meet the standards for an environmental review mandated by SEQRA and CEQR.

15. The violation of SEQRA and CEQR is most glaring in light of one of the additional but less well-publicized advantages obtained by Northwell as a result of the zoning approvals: a substantial increase in the maximum permitted FAR for *residential* development on this site. The challenged zoning approvals would actually allow Northwell to abandon the hospital project in favor of the residential development of the project site and erect – or sell to a developer to erect - - an enormous residential tower at the midblock rising to a height of approximately 1,000 feet (G. Janes Aff. ¶ 27 & Ex. B). Although this alternative would provide Northwell with another extremely valuable potential use for the property, with the threat of significant environmental impacts to the detriment of the community, the FEIS required by SEQRA and CEQR failed to consider the potential use of the site.

16. As set forth below, the Lenox Hill Hospital rebuild approved by the City would forever change and adversely affect the historic Lenox Hill neighborhood's character and quality of life. Equally urgent and compelling, moreover, is the fact that by reason of not only the scale of the project but also Northwell's plans for its staged construction that was approved by the City, the neighborhood would be transformed into a construction zone for a period of nearly a decade, which could be even longer. The anticipated construction impacts over such a protracted period of time would impose significant additional burdens and risks on the community by transforming a quiet residential neighborhood into a hazardous construction zone. Significant adverse impacts would include noise at all hours, air pollution from dust and debris, loss of natural light, traffic gridlock, loss of parking, pedestrian hazards, limited access to public transportation, and loss of

revenue for local businesses. As noted above, the neighborhood is home to many elderly residents and children, and houses numerous schools, whose young students will be severely impacted by the extended construction.

17. Significantly, Northwell failed to demonstrate a clear and consistent need for the project. According to Northwell, expansion is necessary to increase the total number of beds from 450 to 475 and replace the 139 double-bedded patient rooms with single-bedded rooms. Northwell's claim, that 475 single-bedded inpatient rooms are needed to meet future projected hospital admissions, was flatly contradicted by publicly available data submitted during the zoning approval process, showing that Lenox Hill Hospital's actual utilization rates are declining (F. Hyde Aff. ¶ 4). Indeed, with an average daily census of 312 and single-bedded rooms, all patients could be accommodated at 90% occupancy with 350 beds, not 475 (*id.* ¶¶ 6-7). The historical and projected utilization rates clearly demonstrate that there is no need to build a larger hospital. The notion that the community could be required to endure such a massive change to its community character, after being saddled with living in the mess of a neighborhood-wide construction zone for at least eight years just so that Northwell can add 25 beds it doesn't even need, lacks any rational basis.

18. In addition, the Upper East Side within which the Lenox Hill neighborhood is located already is oversaturated with hospitals (L. Uttley Aff. ¶ 5). Indeed, the area has the highest concentration of inpatient hospital beds of any neighborhood in the City, already giving the residents of this neighborhood unparalleled access to health care services. At the same time, other Manhattan neighborhoods including the area south of 42nd Street, as well as communities in the boroughs of Brooklyn, Queens, Staten Island, and The Bronx, are hospital "deserts" in desperate need of beds. While the Upper East Side's concentration of hospital beds has created a world-

class health care district, it has resulted in vast geographic health care inequities in other areas of the City, which would only be exacerbated by the approval of the Lenox Hill Hospital project (*id.* ¶¶ 1, 11).

19. The patient community served by Lenox Hill Hospital already skews to New York's wealthiest residents (L. Uttley Aff. ¶ 9). The proposed expansion would intensify that disparity by catering only to the elite with private single-bedded rooms -- *which are actually larger than the existing double-bedded rooms* -- and luxury birthing centers (*id.*). Today, Lenox Hill Hospital has among the highest prices for hospital care in Manhattan, charging commercial health insurers an average of 335% of what it receives from Medicare for the same services (*id.* ¶ 7). The hospital also lags behind borough and city-wide hospital percentages for service to low-income patients insured by Medicaid, with Medicaid discharges at 18% compared with 29% at Manhattan hospitals generally and 39% across all the City's hospitals (*id.* ¶ 9). In a recent survey, the nationally-respected Lown Institute gave Lenox Hill Hospital a D grade for inclusivity -- ranking 119th out of 120 New York hospitals (*id.*).

20. Petitioners understand that Northwell's estimated project cost for the Lenox Hill Hospital rebuild approved by the City will be a minimum of \$2.5 billion, which would be funded largely through public debt financing (F. Hyde Aff. ¶¶ 9-12). As a result, Northwell would have to bear substantial annual principal and interest payments (*id.* Ex. C). Since Northwell's only sources of revenue and cash flow are payments from patients and insurers, the Lenox Hill Hospital project would inevitably increase prices and health insurance premiums while decreasing accessibility for uninsured and underinsured New Yorkers, which is of especially grave concern to the elderly on fixed-incomes and other lower-income residents of the Lenox Hill neighborhood (*id.* ¶ 12).

21. The City's zoning approvals granted Northwell a huge 78% increase of 600,000 gross square feet (equivalent to 5.0 FAR) to accommodate only a fractional increase in scope of services: 25 additional beds; five additional operating rooms; and 14 additional emergency treatment stations. And Northwell indicated that the proposed expansion was sought notwithstanding that the project will involve neither an increase in the number of patients to be served, nor hospital jobs, as a result of this onerous construction. In short, Northwell is not motivated by what is required by Lenox Hill Hospital to serve the community's health care needs. Rather, the proposed expansion is driven by what Northwell wants: to transform the hospital into a "trophy asset" as a marketing strategy to attract additional wealthy patients who can afford to pay for oversized, single-bedded rooms not covered by insurance.

22. It is clear that Northwell's project is based upon corporate egos, not medical needs. After many years as a Long Island-based healthcare provider, Northwell clearly seeks the prestige of a large – indeed massive -- Manhattan anchor. In March 2019, Northwell's then-CEO, Michael Dowling, told *The Wall Street Journal* "You have to have such a facility in Manhattan to be continuously relevant in New York. I can build the greatest thing in the world in Queens or in Long Island, which we've done. But you still have to have a major presence in Manhattan".

23. The project is intended to transform what had historically been a community hospital into a "vanity project" and "billboard advertisement" to attract wealthy patients. This institutional overreach has little or nothing to do with satisfying unmet public health needs on the Upper East Side or making hospital services more accessible to the public. Instead, the project is designed simply to fulfill Northwell's ambition to outpace on a grand scale its hospital competitors, including New York Presbyterian/Weill Cornell Medical Center, Mount Sinai and Memorial Sloan Kettering.

24. Northwell has publicly stated its true commercial goal. In its 2024 annual financial disclosures, Northwell named “market share growth” as a top management focus and noted that it was investing in strategic capital projects and technology to “support volume growth and maintain a competitive advantage in patient experience and operational processes”. By building larger, single-bedded rooms at Lenox Hill Hospital, Northwell hopes to obtain greater leverage in contract negotiations with health insurers over higher reimbursement rates.

25. It is clear that Northwell’s private development plans directly violate the City’s fundamental zoning and land use law and policies. In approving those plans, the City engaged in blatant spot zoning to advance the special interests of a powerful and politically-connected property owner at the expense of the general public. The FEIS fell far short. For all of the reasons set forth above, the zoning approvals should be vacated and annulled in their entirety.

THE PARTIES

26. Petitioner CPOLHN is a New York not-for-profit corporation with Internal Revenue Code Section 501(c)(3) tax exempt status, which is financed solely by contributions from member buildings, individual residents and other supporters. CPOLHN was founded in 2019 by neighbors of Lenox Hill Hospital to protect and promote the unique residential nature and historical character of the Lenox Hill neighborhood on the Upper East Side of Manhattan. CPOLHN seeks to ensure that proposed development in the Lenox Hill neighborhood is planned in a harmonious way both respecting the area’s special character and safeguarding the health, safety, and well-being of the community. In furtherance of its purpose and mission, CPOLHN has opposed Northwell’s planned expansion of Lenox Hill Hospital that is at issue in this proceeding. CPOLHN’s members and supporters will be uniquely and adversely affected by the proposed expansion. Ten of CPOLHN’s eleven member buildings are within 500 feet of Lenox Hill

Hospital. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties..

27. Petitioner CIVITAS CITIZENS INC. (“CIVITAS”) is a New York not-for-profit corporation which represents the interests of New York City citizens dedicated to enhancing neighborhood quality of life through a focus on land use, urban planning, and the built environment. Active in the Upper East Side and El Barrio/East Harlem communities since 1981, CIVITAS advocates for sound, context-sensitive policies that support environmentally conscientious development, contextual neighborhoods, vibrant street-level retail, uncluttered sidewalks, and efficient public transit access. Its approach to urban planning emphasizes developments that are contextual and that allow light and air to reach surrounding buildings and the public realm below. It works to promote, preserve, and protect lively and livable residential neighborhoods by commissioning studies, issuing reports, and elevating discourse on critical community and land use issues. Its advocacy includes commenting and/or testifying on land use projects, zoning variances, public access to the waterfront, creation of an East River ecological edge, traffic congestion, and historic preservation. CIVITAS has actively and vocally opposed the scope and scale of the planned Lenox Hill Hospital expansion before Community Board 8, the CPC and the City Council. The members of CIVITAS will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive

construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

28. Petitioner 145 EAST 76TH STREET CORPORATION is a cooperative corporation representing residents living at 145 East 76th Steet, New York, New York (“145 East 76th”). 145 East 76th is comprised of 20 units. 145 East 76th occupies the northeast corner of the intersection of Lexington Avenue and East 76th Street, directly across the street from Lenox Hill Hospital and the planned main entrance of the proposed expanded hospital. The residents of 145 East 76th will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

29. Petitioner EAST 76TH REALTY CO., INC. is a cooperative corporation representing residents living at 136 East 76th Steet, New York, New York (“136 East 76th”). 136 East 76th occupies the southwest corner of the intersection of Lexington Avenue and East 76th Street. Its main entrance is directly opposite Lenox Hill Hospital on 76th Street. The building has

16 floors, approximately 80 units, and an internal residential garage. It is a family-oriented building with approximately 150 residents, ranging in age from newborn to over 90 years old. The residents of 136 East 76th will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood's character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

30. Petitioner 829 PARK AVENUE CORPORATION is a cooperative corporation representing residents living at 829 Park Avenue, New York, New York ("829 Park"). 829 Park is comprised of 48 apartments and is home to more than 75 residents. 829 Park occupies the southeast corner of the intersection of Park Avenue and East 76th Street, directly across the street from Lenox Hill Hospital, and the northern wall of the building faces Lenox Hill Hospital. The residents of 829 Park will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood's character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

31. Petitioner PARK AND 76TH ST. INC. is a cooperative corporation representing residents living at both 830 Park Avenue, New York, New York (“830 Park”) and 840 Park Avenue, New York, New York (“840 Park” and, collectively with 830 Park, “830-840 Park”). 840 Park occupies the northwest corner of the intersection of Park Avenue and East 76th Street, directly across the street from Lenox Hill Hospital, and 830 Park occupies the southwest corner of that intersection. The residents of 830-840 Park, which include a number of families with young children, will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

32. Petitioner 885 PARK AVENUE CORPORATION is a cooperative corporation representing residents living at 885 Park Avenue, New York, New York (“885 Park”). 885 Park occupies the northeast corner of the intersection of Park Avenue and East 78th Street, one block north of Lenox Hill Hospital. 885 Park is a 16-floor building comprised of 41 residences and 4 doctor’s offices. The residents of 885 Park represent a diverse cross-section of New Yorkers, ranging from 31 young families with a total of 37 children to 22 residents over the age of 70 (many of whom have limited mobility). 885 Park’s residents will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise,

pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood's character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

33. Petitioner 863 PARK AVENUE, INC. is a cooperative corporation representing residents living at 863 Park Avenue, New York, New York ("863 Park"). 863 Park occupies the northeast corner of the intersection of Park Avenue and East 77th Street, across the street from Lenox Hill Hospital. 863 Park is a 13-story building comprised of 23 units housing approximately 75 residents. The residents of 863 Park will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood's character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

34. Petitioner PARK AVENUE AND SEVENTY-SEVENTH STREET CORPORATION is a cooperative corporation representing residents living at 850 Park Avenue, New York, New York ("850 Park"). 850 Park occupies the southwest corner of the intersection of Park Avenue and East 77th Street and is directly across the street from Lenox Hill Hospital. The residents of 850 Park will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—

anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood's character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

35. Petitioner 875 PARK AVENUE CORPORATION is a cooperative corporation representing residents living at 875 Park Avenue, New York, New York ("875 Park"). 875 Park is comprised of 49 units and is home to over 100 residents, including approximately 20 children, at least 22 residents over the age of 70 and several other residents with limited mobility. 875 Park occupies the southeast corner of the intersection of Park Avenue and East 78th Street and is a half-block north of Lenox Hill Hospital. The residents of 875 will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood's character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

36. Petitioner 1065 LEXINGTON AVENUE CORPORATION is a cooperative corporation representing residents living at 1065 Lexington Avenue, New York, New York ("1065 Lexington"). 1065 Lexington is comprised of 26 units and is home to approximately 64 residents. 1065 Lexington is between East 76th Street and East 75th Street, approximately a half-block south

of Lenox Hill Hospital. The residents of 1065 Lexington will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

37. Petitioner ANDREW PEARCE (“Pearce”) is an individual residing at 155 East 76th Street, New York, New York (“155 East 76th Street”) since 2023 with his partner and her now-adult son. 155 East 76th Street is a half-block from the southeast corner of Lenox Hill Hospital. Pearce and his household will be adversely affected will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

38. Petitioner BARBARA MINTZ (“Mintz”) is an individual residing at 136 East 76th Street, New York, New York (“136 East 76th Street”) with her husband. Mintz has owned her apartment at 136 East 76th Street since 1981. 136 East 76th Street occupies the southwest corner of the intersection of East 76th Street and Lexington Avenue, directly across the street from Lenox

Hill Hospital. Mintz will be uniquely and adversely affected by the proposed expansion. Unlike the general public, she will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

39. Petitioner ELIZABETH HERKELRATH and Petitioner WILLIAM HERKELRATH (the “Herkelraths”) are spouses residing at 176 East 77th Street, New York, New York (“176 East 77th Street”) since 2021. 176 East 77th Street is less than one block east of Lenox Hill Hospital. The Herkelraths will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

40. Petitioner HILARY CECIL-JORDAN (“Cecil-Jordan”) is widow residing at 55 East 75th Street, New York, New York (“55 East 55th Street”). Cecil-Jordan has lived at 55 East 75th Street for 25 years and is a lifelong resident of the Upper East Side. 55 East 75th Street is just west of the intersection of East 75th Street and Park Avenue, one block south of Lenox Hill

Hospital. It is a 5-story single family house. Cecil-Jordan will be uniquely and adversely affected by the proposed expansion. Unlike the general public, she will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

41. Petitioner LENORE PASSAVANTI (“Passavanti”) is an individual who has resided at 215 East 79th Street, New York, New York, approximately a quarter mile from Lenox Hill Hospital, for the past 21 years. Passavanti will be uniquely and adversely affected by the proposed expansion. Unlike the general public, she will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

42. Petitioner PIERRE VAN BOCKSTAELE (“Van Bockstaele”) is an individual residing at 176 East 77th Street, New York, New York (“176 East 77th Street”) with his wife and two adult sons. 176 East 77th Street is one block directly east of Lenox Hill Hospital and Van Bockstaele’s unit faces Lenox Hill Hospital. Van Bockstaele grew up in 176 East 77th Street and has lived in the apartment for most of his life, purchasing the apartment from his late mother’s

estate in 2021. Van Bockstaele and his household will be uniquely and adversely affected by the proposed expansion. Unlike the general public, they will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

43. Petitioner WENDY LEHMAN LASH (“Lehman Lash”) is an individual residing at 151 East 79th Street, New York, New York (“151 East 79th Street”) with her husband. Lehman Lash has lived at 151 East 79th Street for 52 years and is a lifelong resident of the Upper East Side. 151 East 79th Street occupies the northwest corner of the intersection of East 79th Street and Lexington Avenue, two blocks north of Lenox Hill Hospital. Lehman Lash will be uniquely and adversely affected by the proposed expansion. Unlike the general public, she will be subjected to years of disruptive construction activity—anticipated to last eight years or more—including sustained noise, pollutants, and congestion. The project is also expected to increase traffic, create hazardous pedestrian conditions, and permanently alter the neighborhood’s character and quality of life. The construction of a massive hospital building, out of scale with the surrounding residential community, will further diminish access to air and light, cast glare and extended shadows, and introduce intrusive artificial lighting onto neighboring properties.

44. Respondent The City of New York is a municipal corporation duly organized and existing under the laws of the State of New York and, as is relevant to the zoning approvals complained of herein, acted by and through Respondent NEW YORK CITY COUNCIL (“City

Council”) and Respondent NEW YORK CITY PLANNING COMMISSION CPC, previously defined).

45. Respondent City Council is the legislative body of The City of New York established and duly existing pursuant to Chapter 2 of the New York City Charter (“Charter”) and vested with the ultimate authority to approve, modify or disapprove the actions of the CPC to change the designation of zoning districts under the Zoning Resolution, change the text of the Zoning Resolution, and grant Special Permits within the jurisdiction of the CPC under the Zoning Resolution.

46. Respondent City Planning Commission (CPC, previously defined) is an instrumentality of The City of New York established and duly existing pursuant to Chapter 8 of the Charter, and is responsible for changing the designation of zoning districts under the Zoning Resolution, changing the text of the Zoning Resolution, and granting Special Permits and other zoning approvals under the Zoning Resolution, all of which are subject to the ultimate approval, modification or disapproval by the City Council.

47. Respondent Lenox Hill Hospital is a 450-bed hospital located in the heart of the Lenox Hill neighborhood. The hospital has been owned by Northwell since 2010.

48. Respondent Northwell is New York State’s largest healthcare provider and private employer. Northwell is comprised of 28 hospitals and over 1,000 ambulatory care facilities across Long Island, the five boroughs of New York City, Westchester, the Hudson Valley and Western Connecticut. Its flagship hospitals are North Shore University Hospital and Long Island Jewish Medical Center, and its headquarters are located in New Hyde Park, Nassau County.

JURISDICTION AND VENUE

49. This Court has jurisdiction over this matter pursuant to Articles 30 and 78 of the New York Civil Practice Law and Rules (“CPLR”). The actions of Respondents of which Petitioners complain herein are final and cannot be adequately reviewed by another court, entity, or officer.

50. Pursuant to CPLR §§ 506(b) and 7804(b), venue is proper in New York County as the county within the judicial district where Respondents made the determinations complained of, the proceedings were brought and the material events otherwise took place. In addition, pursuant to CPLR § 503(a), venue is proper in New York County where Petitioners reside and/or have their principal places of business.

BACKGROUND AND FACTS

A. Background: New York City Land Use Regulation

51. The use and development of land in New York City are governed by the Zoning Resolution of the City of New York (“Zoning Resolution” or “ZR”), which prescribes the allowable size, use, and density of buildings throughout the city. The Zoning Resolution provides for an orderly pattern of development across the City’s neighborhoods by identifying what is permissible on a piece of property. The Zoning Maps, which are part of the Zoning Resolution, divide the city into a complex variety of districts, *i.e.*, “zones,” which determine how the property can be used and developed.

52. The Zoning Resolution establishes three basic zoning district categories: Residence (“R”), Commercial (“C”) and Manufacturing (“M”). These three district categories are further divided into a range of districts within each category, denoted by different number and letter

combinations (*i.e.*, R5, R7A, C4-5X, C8-2, M1-1, M2-4, etc.). In general, the higher the number immediately following the first letter, the higher the density or intensity of land use is permitted.

53. In addition to the Zoning Maps, the Zoning Resolution also contains the zoning text, which describes the specific zoning regulations that apply within each zoning district delineated on the zoning maps. The zoning text primarily divides the regulations into use regulations, bulk regulations, parking regulations and streetscape regulations. Use regulations determine the range of activities permitted on a given parcel of property. Bulk regulations govern the size and shape of a development. Parking regulations stipulate the minimum and maximum parking spaces required by a given development. Streetscape regulations govern the relationship between a property and the adjoining public street.

54. The bulk regulations are further divided among several categories including floor area as determined by the allowable Floor Area Ratio ("FAR") on a given parcel, height and setback regulations, lot coverage regulations, density regulations (which determine the maximum number of dwelling units permitted on a given parcel), and yard regulations. Bulk regulations often change based on the uses that occupy the building. For example, in Commercial Districts which typically permit residential, community facility and commercial uses, different rules apply depending on whether a building contains only commercial and/or community facility uses, only residential uses or a mixture of uses.

55. Amendments to the Zoning Resolution typically take the form of either a Zoning Map Amendment or a Zoning Text Amendment, which require the approval of the CPC and City Council.

56. The Zoning Resolution authorizes the CPC to grant zoning Special Permits in enumerated Zoning Districts for specified uses whose location or control requires special

consideration or major planning factors. Special Permits may also be granted by the CPC for specified modifications of the use or bulk regulations of the Zoning Resolution, provided that in each specific case as a condition precedent for the grant of the Special Permit certain enumerated findings as set forth in the Zoning Resolution must be satisfied.

57. The CPC also is empowered to grant zoning Authorizations, which are discretionary actions by which the CPC may modify certain specific zoning requirements for a property if certain findings in the Zoning Resolution have been met.

58. Zoning Map Amendments and Zoning Text Amendments, whether city-wide or area-specific, adjust the Zoning Resolution or Zoning Map to accommodate developments that align with city planning goals. Amendments to the Zoning Resolution itself are text-based while amendments to the Zoning Map change the zoning designation of that parcel or parcels sought to be rezoned. The City itself, or any private party, may propose a Zoning Map or Zoning Text Amendment, which must go through a public review and approval process known as the Uniform Land Use Review Procedure (“ULURP”), which culminates in the respective decisions by the CPC and City Council to approve, approve with modifications, or deny the proposed actions.

B. Background: New York City Uniform Land Use Review Procedure

59. Sections 197-c and 197-d of the New York City Charter (“Charter”) dictate the public review process required for the discretionary land use applications in New York City subject to ULURP. Charter Sections 200 and 201 further prescribe the procedures for changes to the Zoning Resolution text, changes to zoning designation (*i.e.*, Zoning Map amendments), and applications for zoning Special Permits are effectuated.

60. The New York City Department of City Planning (“DCP”) manages an applicant’s initial submission of a land use application that is subject to public review under ULURP, and

DCP reviews the application and determines if it is complete and ready to be certified for public review under ULURP. However, the CPC officially makes the decision to certify the application.

61. Once the CPC certifies a land use application as complete, the ULURP process begins, spanning a period of seven months pursuant to the procedure delineated in Sections 197-c and 197-d of the Charter. The timeline in ULURP includes strict deadlines to ensure a consistent, transparent and predictable process.

62. The first step in the ULURP process is Community Board Review. New York City has 59 community districts, which are geographical areas that are mandated to review and monitor quality-of-life issues within their neighborhoods pursuant to the provisions of Charter Chapter 69. The intent of Chapter 69 is to encourage and facilitate coterminous community districts to be used for the planning of community life within the city, the participation of citizens in city government within their communities, and the efficient and effective organization of agencies that deliver municipal services in local communities and boroughs. The Lenox Hill neighborhood is located in Manhattan Community District 8.

63. Pursuant to the provisions of Charter Chapter 70, a Community Board is established for each of the 59 community districts. Each Community Board has up to 50 members who are volunteers appointed by the Borough President of the borough in which the community district is located. Community board members make recommendations on a variety of local issues like land use, zoning, city services, and the budget. While they cannot issue direct orders, they play a crucial role in advocating for community needs and influencing city decisions.

64. The certified land use application is sent to the Community Board representing the Community District in which the relevant property is located. As set forth more fully below, the Lenox Hill Hospital zoning applications were subject to review during the ULURP process by

Manhattan Community Board 8. Community Boards have 60 days after certification within which to hold a public hearing and vote to recommend approval, modification, or disapproval of the land use application. The Community Board's recommendation is advisory. If a Community Board votes to recommend disapproval or fails to act within its time limit or waives its right to act, the application proceeds to the next level of review, which is the Borough President in whose borough the property is located.

65. Within thirty days of receipt of a Community Board recommendation, or if the Community Board failed to act, then within 30 days after expiration of the Community Board's 60-day review period, the Borough President is required to submit a written recommendation to the CPC.² If the Borough President fails to act within the time limit, then the application proceeds to the CPC. Like the recommendation of the Community Board, the Borough President's recommendation is advisory.

66. The CPC within a period of 60 days of receipt of the Borough President's recommendation, or upon the expiration of the Borough President's review period if the Borough President fails to act, is required to hold a public hearing and approve, approve with modifications or disapprove the application. Adoption of a CPC report that approves, modifies or disapproves an application requires an affirmative vote of seven members of the CPC.

67. The CPC's vote is binding, subject to the approval, modification, or disapproval of the City Council. If the CPC votes to disapprove the project, ULURP ends. But if at least seven of

² If an application involves land in more than one community district, the Borough Board may (within the Borough President's review period) also review and submit a recommendation to the CPC. A Borough Board is a governing body in each of New York City's five boroughs, established pursuant to the provisions of Section 85 of Chapter 4 of the Charter, that is comprised of the Borough President, all of that borough's City Council members, and the chairpersons of the borough's Community Boards.

the CPC's thirteen members vote to approve or approve the application with modifications, then it moves to the City Council for the ULURP process.

68. After the CPC approves a ULURP application, it proceeds to the City Council for review. The Council must hold a public hearing and vote within 50 days of the CPC's approval.

69. The Council during its review period may vote to approve, approve with modifications, or disapprove such decision of the CPC. Prior to approving a decision of the CPC with modifications, the Council is required to file the text of any proposed modifications with the CPC. Within fifteen days of such filing, the CPC is required to file with the Council a written statement indicating whether the proposed modifications are of such significance that additional review of environmental issues is required. The CPC's determination as to whether additional review of environmental issues would be required turns on whether the proposed modification is within the scope of the environmental review conducted for the land use action(s) approved by the CPC and no further review of environmental issues will be necessary. If the proposed modification is determined to be within the scope and no additional environmental review would be required, then the CPC will advise the City Council accordingly and may include in its statement an advisory recommendation concerning the proposed modifications, together with any proposed amendments to the proposed modifications. The City Council may thereafter approve such proposed modifications, with or without the amendments proposed by the CPC.

70. Thereafter, the Mayor of the City of New York may veto such approval within five days after approval by the City Council. If the Mayor does not veto the City Council vote to approve the application, then the City Council's action is final. If the Mayor does veto the approval, the City Council by a two-thirds vote may override the veto within ten days. The land use actions

subject to review under ULURP become effective immediately upon the conclusion of the ULURP process.

C. Facts: The Lenox Hill Neighborhood

71. Lenox Hill is a bustling and vibrant residential neighborhood nestled in the midst of the Upper East Side of Manhattan with a rich history dating back to the mid-19th century. The neighborhood sits largely within the Upper East Side Historic District designated by the New York City Landmarks Preservation Commission and the City Council, and its properties fronting on Park Avenue and Fifth Avenue are within the Special Park Improvement District.

72. The boundaries of the Lenox Hill neighborhood have expanded over time with the original Lenox Hill comprised of farmland that spanned the present-day East 68th Street to East 74th Street. The *Encyclopedia of New York City* defines the neighborhood as the area between East 60th Street and East 77th Street, from Fifth Avenue on the west to Lexington Avenue on the east. However, today most residents see the modern boundary slightly differently as the Lenox Hill post office and the neighborhood's service-oriented retail shops are located east of Lexington Avenue.

73. The neighborhood is one of the most densely-populated residential neighborhoods in the City. Its iconic, tree-lined streets are clean, quiet and peaceful, filled with schools, houses of worship, restaurants and small businesses. The neighborhood has a mix of historic buildings, modern developments and cultural institutions.

D. Facts: Lenox Hill Hospital and Northwell Health

74. Lenox Hill Hospital has occupied its current location at 100 East 77th Street since about 1869 when it was known as the German Hospital and Dispensary. The hospital consists of ten buildings located on a 1.9-acre city block bounded on the north and south by East 77th and 76th Streets and on the west and east by Park Avenue and Lexington Avenue. Although the hospital's site is not a designated landmark, it contains several historic buildings designed by notable architects, York & Sawyer, which would be demolished if the hospital's development plans are effectuated.

75. Northwell was founded in 1997 with the merger of North Shore Health Systems Inc. (which was itself the product of a merger between Northshore University Hospital in Manhasset, Long Island, and Glen Cove Hospital in Glen Cove, Long Island) and Long Island Jewish Medical Center in Glen Oaks, Queens. The merged entity combining the two market leading hospitals on Long Island and Queens was originally known as the North Shore-Long Island Jewish Health System ("North Shore-LIJ").

76. In 2010, North Shore-LIJ expanded into Manhattan by acquiring Lenox Hill Hospital. In 2015, North Shore-LIJ announced that it was changing its name to Northwell to reflect the hospital system's growth beyond Long Island. As North Shore-LIJ's then-CEO, Michael Dowling, stated "being highly visible and clearly understood within and beyond the New York Metropolitan Area requires strong brand recognition."

E. Facts: The Proposed Renovation of Lenox Hill Hospital

77. In 2019, Northwell announced plans to renovate and expand Lenox Hill Hospital which met with overwhelming community opposition and were subsequently withdrawn. Then, in 2023, Northwell presented a revised proposal which, with limited exceptions, was virtually the

same as the original proposal. At the CPC's Public Scoping Meeting on March 16, 2023, the true extent of Northwell's proposed massive expansion and decade-long construction sent shockwaves through the community when Northwell disclosed that the scale of the proposed hospital actually had a height and density comparable to the largest midtown Manhattan office buildings.

78. Thereafter, however, Northwell shrouded the project's details in silence for a period of almost two years as it developed detailed plans for the project out of public view. Indeed, the community heard nothing further about the project until November 26, 2024, when Dr. Daniel Baker, the President of Lenox Hill Hospital, appeared before the Manhattan Community Board 8 Zoning, Development and Housing Committee. At that meeting, Dr. Baker informed the community that Northwell expected its application for the needed zoning approvals to be certified within a matter of months, but he refused to discuss the project's details or respond to any questions.

79. The community finally learned the project details when it discovered, without any advance notice from Northwell or the City, that the Land Use Review Application Package with the application details was available for public access on January 2, 2025, on the Zoning Application Portal, a website maintained by the New York City Department of City Planning. Indeed, it was not until January 28, 2025, only six days before the application was certified by the CPC for review under ULURP, that Northwell finally presented the application details to the Community Board. Since it was determined that the application could have a significant effect on the environment and adverse impacts in one or more areas, a Draft Environmental Impact Statement ("DEIS") was prepared and a Notice of Completion for the DEIS was issued on January 31, 2025. Thereafter, Petitioner CPOLHN made numerous unsuccessful attempts to meet with Northwell. When the parties did finally meet on May 19, 2025, just two days before the CPC's

public hearing, Dr. Baker stated that the hospital's representatives would not discuss or consider any changes to the project.

80. In view of Northwell's steadfast refusal to engage in any meaningful dialogue, CPOLHN and its community partners, including FRIENDS of the Upper East Side, Carnegie Hill Neighbors and CIVITAS, joined forces to oppose the project. Thousands of supporters signed a petition in opposition to the project and community members presented voluminous written and oral testimony at the Land Use Meeting of Manhattan Community Board 8. In addition, members of the nation's largest residential building service workers union, Building Service Local 32 BJ Health Fund ("Local 32BJ"), expressed grave concerns over the impact the project would have on health care costs for its members and the public at large.

81. The community expressed a willingness to support certain aspects of Northwell's desire to modernize aspects of the Lenox Hill Hospital campus. However, among other problems with the proposed project, its proposed scale, floor plate and mass would be unprecedented for any residential neighborhood in the City and the proposed duration of then-predicted construction for nine or more years threatened the community's health, safety and welfare. Although existing zoning limited the hospital's height to 175 feet on Lexington Avenue and 75 feet on the 76th Street midblock beginning 180 feet west of Lexington Avenue, the new proposed structure would rise to a height of 436 feet on Lexington Avenue and 210 feet on the midblock. As part of its ULURP application, Northwell also proposed a second, alternative "building envelope" which reduced the maximum height to 395 feet but shifted the bulk to the midblock by raising its height from 210 to 360 feet.

82. On April 10, 2025, Community Board 8 voted overwhelmingly to disapprove the project unless substantial changes were made (Ex. A). Among other things, the Community Board's resolution provided that:

- “[T]he proposed tower would be over twice the height of the tallest building permitted under the current zoning on Lexington Avenue, and its footprint, occupying the entire Lexington Avenue blockfront at its full height, is too massive and out of scale with the surrounding neighborhood”;
- “[I]n order to build the proposed development, the applicant requires not only a change of zoning designation on three quarters of the entire site, but then must obtain permission for modification of height, setback and other bulk controls, selecting the most generous bulk and area regulations while seeking relief from those rules”;
- “[T]he hospital plans to remain open throughout the projected nine year construction period”;
- “[T]he proposed construction schedule, a result of maintaining operations at the hospital while it is substantially reconstructed, is too long”;
- “[N]oise and dust and debris are unavoidable with any construction, but the length of construction time anticipated in this development proposal amplifies these issues beyond what is reasonable”;
- “[T]he working conditions within the hospital during construction will likely degrade patient care and at the very least inconvenience staff”;
- “[T]he proposed decade of construction will upend our dense residential neighborhood: a thriving community filled with schools, houses of worship, small businesses, hotels and institutions cannot survive the noise, pollutants/dust, danger, traffic and overall chaos that will accompany construction of this magnitude”;
- “[T]he Community Board acknowledges and agrees with Lenox Hill Hospital that it is in need of modernization and we have no objection to a temporary closing of the hospital during any construction period, to speed up the modernization of the hospital”; and
- “[H]ealthcare equity would indicate that the applicant's resources could be put to better use in other parts of the city which have been described as ‘Health Care Deserts’”.

83. The Community Board proposed its own building envelope permitting a maximum height of 215 feet and the addition of approximately 372,254 gross square feet of floor area. This alternative would have permitted Northwell to develop approximately 82% of the gross floor area and almost two-thirds of the increased community facility bulk that it was seeking while avoiding the highly detrimental impacts to the community (the “Reasonable Alternative”). Unfortunately, however, Northwell refused to engage with the community to address the neighborhood’s urgent call for meaningful changes to the Lenox Hill Hospital application, or otherwise consider any aspect of the Reasonable Alternative.

84. On May 14, 2025, within the 30-day review period accorded to Manhattan Borough President Mark Levine under ULURP, he recommended approval of the project subject to seventeen (17) conditions including lowering the building height and reducing the construction timeline (“Second Alternative”) (Ex. B). Once again, however, Northwell responded with a wall of silence and refused to consider the Second Alternative, insisting on proceeding to the next level of ULURP review by CPC review without making any changes to its application.

F. Facts: The Proposed Zoning Changes

85. The City’s longstanding policy and practice in residential neighborhoods, as reflected in the City’s Zoning Resolution and Map, has been to zone higher density and bulk on wide streets and lower density on narrow streets especially at the midblock. The wider the street, the greater the density permitted (such as at the entrance to the Queensborough Bridge, York Avenue and the FDR Drive) (G. Janes Aff. ¶ 8). Conversely, the narrower the street, the greater the prevalence of bulk controls such as height limits and setback requirements. For example, midblocks throughout the Upper East Side -- including Lenox Hill Hospital’s site -- were zoned

R8B which is a medium density district subject to contextual bulk controls (*id.* ¶¶ 8-9).³ In addition, because Lexington Avenue is only 75 feet wide and one of the narrowest avenues on the Upper East Side, properties fronting on Lexington Avenue historically have been zoned with contextual protections, including a 175-foot height limit. In contrast, the properties fronting on Third Avenue, which is 100 feet in width, are subject to far less restrictive bulk controls.

86. Consistent with the surrounding neighborhood, the Lenox Hill Hospital site was zoned R8B for the midblock and C1-8X for the Lexington Avenue frontage. The R8B district permitted community facility buildings, *i.e.*, hospitals, up to a maximum 75 feet in height with a 5.10 FAR. The C1-8X district permitted a maximum 175 feet in height and a 9.0 FAR. The site's total density of 7.5 zoning FAR and 9.4 gross FAR was comparable to the density of neighboring blocks.⁴

87. Northwell's application, with its panoply of proposed zoning changes applicable only to Lenox Hill Hospital's block, constituted a dramatic departure from the existing zoning and the City's longstanding practices regarding bulk controls in residential neighborhoods. The first action Northwell sought involved a Zoning Map amendment to rezone the midblock from an R8B to a C1-8 district and the Lexington Avenue frontage of the development site from an C1-8X to a

³ New York City's contextual bulk controls are zoning regulations designed to make new buildings compatible with the scale and character of their surroundings, primarily by creating more restrictive building envelopes. They are mandatory in contextual districts such as the R8B District and focus on aspects like height limits, street wall placement, lot coverage, and setbacks to ensure new construction respects the existing streetscape. These regulations help to maintain a neighborhood's physical and visual rhythm, ensuring new developments fit in rather than stand out.

⁴ The zoning FAR multiplied by the area of the zoning lot yields the maximum amount of floor area that may be developed on the zoning lot excluding certain spaces within the building's outer walls that do not count as zoning floor area, including for example mechanical spaces, stairwells, and interior parking. The Gross FAR includes those spaces and represents the actual bulk of a building.

C1-9 district. The effect of these changes was to dramatically increase the site's development potential by significantly increasing the permitted FAR and height. Indeed, the FAR for the midblock and Lexington Avenue frontage increased to 10.9 from 5.10 and 9.0, respectively. While the existing zoning permitted a maximum height of 75 feet at the midblock and 175 feet at the Lexington Avenue frontage, the new districts did not impose any height limits for hospitals or residential buildings.

88. Next, Northwell sought zoning text amendments to (i) create a new Special Permit under a new ZR § 74-904 to permit a floor area increase of up to 20% for hospital use, allow such floor area bonus to be used in combination with a ZR § 66-51 transit bonus and permit modification of applicable bulk regulations; (ii) amend ZR § 66-513(a)(2) to allow a transit floor area bonus, in combination with other floor area bonuses, to exceed 20% of the maximum FAR; (iii) amend ZR § 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 § 74-904 to exceed 10.0 FAR; and (iv) establish part of the development site as a Mandatory Inclusionary Housing area.⁵

89. Northwell's third action sought from the CPC the Special Permit proposed as part of the package of Zoning Resolution text amendments also sought by Northwell (see para. 86, *supra*) to allow: i) a 20% (2.0 FAR) floor area bonus; ii) an additional transit bonus of 0.5 FAR; iii) modification of height and setback and other bulk controls; and iv) modification of lot coverage regulations. The fourth action involved an authorization pursuant to ZR § 66-511 for a floor area

⁵ New York City's Mandatory Inclusionary Housing (MIH) areas are locations throughout all five boroughs where zoning changes significantly increase the permitted density for new housing construction. In these zones, developers are required to include permanently affordable housing units in new residential developments, enlargements, or conversions that exceed a certain size. MIH is triggered when the city rezones an area for more housing.

increase of up to 0.5 FAR in connection with improvements by Northwell to the southbound platform of the 77th Street subway station.

90. The purpose and effect of these changes in totality was to facilitate Northwell's development of a massive new hospital with a 12.5 FAR. The proposed hospital structure would extend 80 feet -- almost halfway -- into the midblock and rise to a staggering two and a half times the height permitted on Lexington Avenue and an almost unbelievable five times the height permitted on the midblock on East 76th and 77th Streets. Significantly, *no other midblock in the City is zoned C1-8 allowing the density at the midblock in a residential neighborhood that was granted to Northwell*. Thus, the proposed project would require unprecedented changes in zoning never before seen in New York City.

91. The proposal would increase the block's density from 620,500 square feet (7.5 FAR) to 1,034,471 square feet (12.5 FAR), a 67% increase, and 781,500 gross square feet (9.4 gross FAR) to 1,390,000 gross square feet (16.9 gross FAR), a 78% increase. This unprecedented density was simply unheard of either in the surrounding community or any other residential neighborhood in the City. The proposal would transform a block with a total density comparable to other blocks in the surrounding neighborhood to one which was jarringly inconsistent and out of scale with the neighborhood.

92. Indeed, developments of this size simply do not exist on the Upper East Side. While the Upper East Side has other buildings of moderate height and scale, they are slender, with setbacks and floor plates that are generally less than 8,000 square feet (*see, e.g., G. Janes Aff. Ex. A at p. 5*). In contrast, Northwell's proposed floor plate was 30,000 square feet which would be comparable to enormous commercial buildings in Hudson Yards, Midtown, and the Financial District. *Id.*

93. Once the application reached the CPC, the community mobilized again in opposition to the project. The number of petition signers grew to more than 7,000. At the CPC's public hearing on May 21, 2025, forty-six speakers testified in opposition including representatives from FRIENDS of the Upper East Side, the New York Landmarks Conservancy, the City Club of New York, and CIVITAS.

94. Among other things, the community objected to expanding the hospital with a structure the size and shape of a midtown office building over a construction period of at least nine years. In addition, the community noted that the hospital's self-reported average daily census of occupied inpatient beds had decreased by 36% over the last two decades (F. Hyde Aff. ¶ 4 & Ex. B). From 2022-2024, the number of occupied beds was 298, 331 and 312, respectively, resulting in an approximate occupancy rate of 70% based on a mix of single and multi-bedded rooms (*id.*). With an average daily census of 312 and only single-bedded rooms, all patients could be accommodated at 90% occupancy with 350 beds, not 475 (*see, id.*, at ¶ 6).⁶

95. Northwell's assertions that undisclosed "data" supported the need for its oversized proposed facility were also contradicted by the realities of modern medicine. Northwell claimed that such "data" justified a 130% increase in bed space (from 177,030 departmental gross square feet ("DGSF") to 412,214) despite the decline in hospital utilization (F. Hyde Aff. ¶ 7). Northwell also claimed that the "data" supported a 140% increase in operating room space (55,227 DGSF to 131,834) even though almost half of all surgeries were now done in freestanding ambulatory surgery centers rather than hospitals (*id.*). And it represented that such "data" required a doubling of emergency department space (24 to 48 treatment areas), despite the fact that Lenox Hill

⁶ This conclusion was confirmed earlier this year when Lenox Hill Hospital reduced the number of beds which it was reporting to the NYS Department of Health to 344 and reported 71 vacancies.

Hospital's emergency department volume history showed a peak in 2012 with a downtrend in volume since that time (*id.*).

96. In addition, Manhattan Community District 8 on the Upper East Side (which is the Community District in which Lenox Hill Hospital is located) already has an abundance of hospital beds including, in addition to Lenox Hill Hospital, New York Presbyterian/Weill Cornell Medical Center, New York Presbyterian/Alexandra Cohen Hospital for Woman and Newborns, the Hospital for Special Surgery and Memorial Sloan-Kettering (L. Uttley Aff. ¶ 5). These hospitals provided a combined total of 10.5 beds per 1,000 residents in Manhattan Community District 8, nearly four times the citywide rate of 2.7 (*id.*). The Lower East Side, which recently lost its long-time community hospital, Mount Sinai Beth Israel, has less than one bed per thousand residents. The numbers are similar in the outer boroughs: 2.1 in Brooklyn; 1.6 in Queens; 2.3 in Staten Island; and 2.5 in the Bronx (*id.*).

97. Adding hospital capacity in one neighborhood reduces hospital utilization in other neighborhoods and increases the risk of hospital closures. If Northwell seeks to increase "market share" to fill its proposed additional beds, this increase will inevitably come at the expense of other neighborhoods raising significant health equity concerns and conflicting with the City's policy goals of providing for underserved communities.

98. The proposed development project would cost a minimum of \$2.5 billion (F. Hyde Aff. ¶ 9). In its most recent construction project, Northwell financed 87% of the cost through debt and only 13% through equity (*id.* ¶ 11). A similar financing strategy for Lenox Hill Hospital would require paying \$325 million from equity and borrowing \$2.2 billion (*id.* ¶¶ 11-12 & Ex. C). With a 5 percent interest rate payable over 30 years, this indebtedness would result in annual principal

and interest payments totaling \$141.8 million which would undoubtedly increase both prices and health insurance premiums (*id.*).

99. Notwithstanding the foregoing, on July 2, 2025, the CPC approved Northwell's applications in their entirety (Exs. C-E). In reliance on Northwell's erroneous and misleading statements in the FEIS, the CPC erroneously stated that the development site was "located in an area characterized by a range of building densities and typologies, including other similarly scaled community facility and commercial buildings along the avenues. The proposed zoning will result in a zoning framework that better reflects existing and proposed conditions on this block" (Ex. E at 22).

100. Northwell's assertions were false. The proposed rezoning would result in a massive, bulky structure that would be vastly out of scale with the Lenox Hill community. Indeed, the hospital's unprecedented density -- including a combination of huge floor plates, height, and minimal setbacks -- simply cannot be found on the Upper East Side, much less in a densely-populated residential neighborhood such as Lenox Hill (G. Janes Aff. ¶¶ 2, 5-7). Rather than being "similarly scaled" and "better reflect[ing] existing ... conditions on this block" (Ex. E at 22), the proposed development would be shockingly out-of-sync with the existing neighborhood and comparable to enormous commercial buildings in the City's central business districts.

101. As the applications proceeded to the City Council for its review, the community's opposition continued to grow. In a written submission to the City Council's Subcommittee on Zoning and Franchises in connection with its public hearing on July 16, 2025, Local 32 BJ stated:

The 32BJ Health Fund opposes special permitting and rezoning to allow Lenox Hill to expand its facilities in the most hospital-dense area of NYC, because the expansion will contribute to unnecessarily increased healthcare costs for our members. The city should not be granting expansion rights to a private entity with prices and practices that disregard patients' healthcare affordability concerns.

◆ ◆ ◆

Northwell hospitals' exceptionally high prices and related business practices burden our members. Lenox Hill Hospital is part of Northwell Health, which, as the largest health care system in New York State, dominates the markets in the counties it serves with almost double market share versus its closest competitor...

◆ ◆ ◆

Lenox Hill, along with the rest of Northwell's 13 other major hospital facilities, already commands exceptionally high prices from commercial payers. According to a study conducted by RAND, compared to what Medicare pays for the same services, commercial payers paid Lenox Hill an average of 335% of Medicare prices from 2020-2022. ... Prices at 335% of Medicare at Lenox Hill (as well as Northwell's overall system-wide average of 355% of Medicare) are far above what is required to cover the cost of providing patient care. These commercial prices are also far above what is required to cover the hospital's claimed shortfalls due to inadequate Medicaid reimbursement and uncompensated care.

◆ ◆ ◆

Research shows that expensive hospital capital investments such as this one lead to higher prices and a costlier healthcare system. Profitable, higher-priced hospitals (like Lenox Hill) invest in capital more often than less profitable, lower-priced hospitals. These investments tend to increase the volume of patients at the higher-priced hospitals and enhance the hospitals' bargaining power in negotiations with payers, which leads to larger price increases relative to other hospitals.

◆ ◆ ◆

Granting this special permit will lead to a more unaffordable healthcare landscape in NYC. Our participants, along with other workers and employers who pay for health benefits, will shoulder the costs of this multibillion-dollar expansion during the project and for decades to come. At a time when federal cuts to Medicaid funding pose a danger to patients who may lose health coverage, and when hospitals are concerned about public payor shortfalls, this project does not seem a worthy investment in New Yorkers' pressing needs for sustainable, affordable, and equitable healthcare.

102. In its own separate submission, the New York Landmarks Conservancy (the “Conservancy”) stated:

The Conservancy is a 52-year old organization dedicated to preserving, revitalizing, and reusing New York’s historic buildings and neighborhoods. We want to ensure that New York’s rich diversity of architecture continues to enhance the City: creating jobs, housing New Yorkers, encouraging sustainability, and welcoming visitors from around the world.

◆ ◆ ◆

The Conservancy opposes Lenox Hill Hospital’s redevelopment plan, which would radically change zoning in this neighborhood. ...

◆ ◆ ◆

The upzoning of the Lexington Avenue site and the midblock on East 76th Street threatens carefully calibrated zoning protections that maintain the character of Park and Lexington Avenues and their low-rise midblock corridors. It disregards Lexington Avenue’s historical constraints as a narrow, pedestrian-heavy, retail-oriented corridor with “special neighborhood character.” The proposed tall building additions along 76th Street would disrupt the hard-won, low-rise character of the mid-blocks, which are largely residential. If the proposal is approved, it will set a precedent for upzoning throughout the neighborhood and the City.

103. The City Council Land Use Committee voted to modify the CPC approval of the Lenox Hill Hospital rebuild, but the changes failed to address in any material respect the project’s anticipated impacts. While the Land Use Committee modifications reduced the maximum height of the new building fronting on Lexington Avenue from 436 feet to 370 feet, they also increased the maximum building height fronting on East 76th Street at the midblock (a point beginning 180 feet west of Lexington Avenue) to 235 feet, which effectively did nothing more than to shift the massive building’s bulk from the avenue frontage to the narrower midblock. The duration of construction projected by Northwell was reduced from nine years to eight years, which in either

event would keep the Lenox Hill neighborhood a construction zone for an inordinately protracted period of years and without providing any mechanism to ensure against the period of construction extending to nine years or even longer.

104. The Land Use Committee voted for other modifications, none of which addressed the community's apprehensions about the project that gave rise to overwhelming opposition that had been mounted by the Lenox Hill neighborhood, including: (i) reduction of three curb cuts along East 77th Street to a single curb cut; (ii) changing the zoning text amendment for the new Special Permit under the proposed ZR § 74-904 to require that should Northwell undertake the hospital rebuild under the Special Permit, then at least 95% of the floor area be used for hospital purposes; (iii) replacement of the ambulance bay for 6 ambulances on East 77th Street by a through-block driveway with entry on East 77th Street and exit on East 76th Street; (iv) adding six ambulance parking spaces and two ambulette spaces along the driveway inside the modified hospital building; and (v) relocating a proposed separate entrance to the Mother-Baby wing of the hospital from Park Avenue to East 77th Street.

105. On August 14, 2025, the City Council approved the CPC's decisions, as modified, and adopted all of Northwell's proposed zoning actions. (Exs. F-H).

**AS AND FOR A FIRST CAUSE OF
ACTION PURSUANT TO CPLR ARTICLE 78**

(Spot Zoning)

106. Petitioners repeat, reallege and reaffirm each and every allegation in paragraphs "1" through "105" of this Petition and Complaint as if set forth more fully herein.

107. The City's approvals constituted illegal spot zoning enacted solely for Northwell's benefit to the detriment of the surrounding community. The approvals conflict with the City's longstanding zoning policy and are not part of a well-considered and comprehensive plan

calculated to serve the general welfare of the community. On the contrary, the approvals which were specific to the Lenox Hill Hospital site, were granted solely to facilitate Northwell's private development plans to transform Lenox Hill Hospital into an enormous trophy asset to attract wealthy patients. Since the approvals seek to advance the special and singular interests of a private landowner at the public's expense, they constitute nothing more than *ad hoc* zoning legislation which is contrary to the community's fundamental zoning and land use policies.

108. Petitioners have no adequate remedy at law.

109. By reason of the foregoing, Petitioners are entitled to an order vacating, and declaring null and void, all approvals associated with the proposed project, a temporary restraining order and preliminary injunction to prevent the commencement of work in connection therewith and a permanent injunction prohibiting all work pertaining to the proposed project.

**AS AND FOR A SECOND CAUSE OF
ACTION PURSUANT TO CPLR SECTION 3001**

(Declaratory Judgment)

110. Petitioners repeat, reallege and reaffirm each and every allegation in paragraphs "1" through "109" of this Petition and Complaint as if set forth more fully herein.

111. General City Law § 20(25) empowers The City of New York to enact zoning regulations which are "designed to promote the public health, safety and general welfare ... in accord with a well considered plan."

112. The City's rezoning of Lenox Hill Hospital violates General City Law § 20(25). Although generally the Zoning Resolution itself has been viewed as New York City's well-considered plan, what the City did here is not in accordance with what is contextually the City's land use policy applicable to similarly-situated residential districts most immediately on the Upper East Side of Manhattan, and more broadly in other densely-populated neighborhoods in New York

City. Inescapably, the zoning approvals granted for the Lenox Hill Hospital expansion are not in accordance with the City's well-considered plan. Northwell, in its pursuit of the approvals, and the City by its approval of the applications, contend otherwise in contravention of this claim by Petitioners.

113. A judicial declaration and determination is necessary and desirable to resolve this controversy.

114. Petitioners are entitled to a declaratory judgment decreeing and adjudging that the City's rezoning violated General City Law § 20(25) and should be vacated, annulled, and set aside by this Court.

115. Petitioners have no adequate remedy at law.

**AS AND FOR A THIRD CAUSE OF
ACTION PURSUANT TO CPLR ARTICLE 78**

(SEQRA/ CEQR)

116. Petitioners repeat, reallege and reaffirm each and every allegation in paragraphs "1" through "115" of this Petition and Complaint as if set forth more fully herein.

117. Under SEQRA, an environmental impact statement must take "a hard look" at the proposed project's foreseeable adverse environmental impacts, the possible mitigation of those adverse impacts, and the range of alternatives to those aspects of the proposed project that cause such impacts. As reflected below, the FEIS fails to take a hard look at multiple adverse environmental impacts; fails to adequately address the possible mitigation of those impacts; and fails to address the range of alternatives available to those aspects of the proposed project that cause such adverse impacts. Worse, the FEIS includes disturbingly inaccurate information, ostensibly designed to mislead municipal decision makers into mistakenly approving the proposed

project – a strategy which regrettably succeeded. Such deficiencies constitute clear grounds upon which to vacate all approvals by the City as further set forth below:

- The FEIS refers to the surrounding neighborhood as “a mix of institutional, residential and retail uses” (FEIS Ch. 2), even though the neighborhood is largely comprised of residential use, with mere ground-floor retail spaces. By referring to the study area as a mix of institutional and residential uses, the FEIS implies that the addition of a massive institutional facility contemplated by the proposed project would fit within the established character of the neighborhood, when, in fact, the bulk and size of the proposed new facility and the buildings comprising it would be vastly out of scale in comparison to every other building and structure in the study area.
- The FEIS implies that high-density zoning predominates in the study area (FEIS Ch. 2), based upon the assertion that it includes seven wide thoroughfares. However, four of the thoroughfares are located outside the study area – a fact not disclosed by the FEIS.
- The purported programmatic needs that FEIS indicates must be satisfied are insufficiently described. In particular, as set forth above, Northwell seeks a 78% increase of 600,000 gross square feet (i.e., a 67% increase in FAR from 7.5 to 12.5) to accommodate a relatively limited increase in scope of services (just 25 additional beds, 5 additional operating rooms and 14 additional emergency treatment stations) (FEIS Ch. 1). The FEIS fails to explain the uses deployed for the remaining mass of square footage comprising the increase that is precipitating the unprecedented increase in bulk and size for Lenox Hill Hospital. Thus, the FEIS includes a provocative assertion without including substantial (or really any) evidence to support it.
- The FEIS fails to explain its programmatic need for 25 additional beds, 5 additional operating rooms and 14 additional emergency treatment stations, in view of the evidence that: (i) Lenox Hill currently has inordinately high vacancy rates (F. Hyde Aff. ¶ 4); (ii) the health care industry has been transitioning to ambulatory surgery and thus there is reduced demand for hospital beds, thereby obviating the need for the additional 25 beds, even assuming that Lenox Hill weren’t already experiencing high hospital-room vacancy rates (see above); (iii) as stated above, almost half of all surgeries are now done in freestanding ambulatory surgery centers rather than hospitals, thereby averting any need for additional operating rooms; and (iv) with the advent of CityMD and other urgent care centers, studies have shown that emergency room visits have declined at an average of approximately 17%, thereby reducing Northwell’s purported need for additional emergency treatment stations. Thus, the FEIS includes an assertion announcing an allegedly pressing programmatic need without the evidence necessary to support it.

- The FEIS implies that the proposed project would have minimal impacts on building heights at the midblock on East 76th and 77th Streets (FEIS Ch. 2). However, while acknowledging that the height of the proposed new building within 180 feet of Lexington Avenue would rise to a maximum height of 370 feet, the FEIS fails to disclose that such bulk and height would be wildly out of scale relative to the other buildings on the block, which range from 40 to 200 feet in height, and which have floor plates that comprise a mere fraction of the floor area comprising Northwell's new building. The CEQR Technical Manual confirms that a proposed action has adverse impacts when it "would result in significant material changes to existing regulations or policy" or when "the project would create a land use conflict or would itself conflict with public policies and plans for the site or surrounding area" (CEQR Tech. Man. 4-25). Plainly, the proposed project would result in significant adverse impacts under the provisions of the CEQR, but such impacts are masked behind animated techno-zoning speak, designed to mislead decision makers and obfuscate the review process.
- The FEIS includes an assertion that the duration of the construction is necessary in order for the hospital to remain fully open and operational during the work because the physicians who work there would otherwise have to travel to other facilities which may not be convenient for them (Attachment 1(D)). However, the FEIS fails to include a census of the physicians and their addresses or the extent to which public transportation in New York City would alleviate alleged travel burdens to the extent that they exist at all. Once again, the FEIS includes assertions without substantial evidence to support them.
- The FEIS acknowledges "significant adverse shadow impact[s]" to the Eighth Church of Christ, Scientist garden during the "spring, summer, and fall analysis periods" (*i.e.*, for three quarters of the year) (FEIS Ch. 4), and states simply that mitigation "is being explored" or "will be refined" and that, at some unspecified point in time, mitigation will be achieved to "the maximum extent practicable." However, the FEIS fails to explain how mitigation is being explored, who would explore it and when, and how it would be explored. Further, the FEIS fails to define the term "practicable." Equally as important, the FEIS fails to particularize and consider the alternatives to acceptance of shadow impacts – specifically, reducing the size and/or altering the shape and bulk, of the structures.
- The FEIS refers to "temporary" construction noise and related impacts as unavoidable, and proposes to mitigate such noise and other impacts by providing to neighboring property owners, air conditioning units to be run at all hours of the day as construction continues, including during the winter (FEIS Ch. 16). The FEIS, however, fails to factor in the extent to which debris and airborne particulates emitted during construction, as well as smog and other pollutants released into the air due to stagnant traffic, are likely to contribute to

air quality issues inside apartments exacerbated by constantly running air conditioning units.

- The FEIS “finds” no significant open space impacts (FEIS Ch. 5) notwithstanding that the FEIS also finds that the Eighth Church of Christ, Scientist garden will be covered in shade for most of the year (FEIS Ch. 4) – a truly irrational juxtaposition of findings. As its sole mitigation/alternative, the FEIS merely references that Central Park is available several blocks away. Such does not constitute a hard look at the adverse impact identified or possible alternatives and mitigation.
- The FEIS suggests an alleged as-of-right support building on Projected Development Site 1a, which is described as “analyzed as part of the Proposed Project,” but also as a project that “may occur independent of the Proposed Project.” However, the FEIS fails to address the extent to which the as-of-right support building would include additional adverse impacts, suggesting that the FEIS is illegally segmenting the proposed project so as to further minimize adverse impacts and avoid explaining the inability to mitigate.
- The foregoing constitute representative examples rather than an exhaustive list of each instance in which the FEIS includes false, misleading or vague/incomplete statements relating to adverse environmental impacts.

118. Accordingly, the FEIS failed to comply with the requirements of 6 N.Y.C.R.R. §617 *et. seq.* and ECL Article 8.

119. By reason of the foregoing, Petitioners are entitled to an order vacating, and declaring null and void, all approvals associated with the proposed project, a temporary restraining order and preliminary injunction to prevent the commencement of work in connection therewith and a permanent injunction prohibiting all work pertaining to the proposed project.

120. Petitioners have no adequate remedy at law.

**AS AND FOR A FOURTH CAUSE OF
ACTION PURSUANT TO CPLR SECTION 6301**

(Permanent Injunction)

121. Petitioners repeat, reallege and reaffirm each and every allegation in paragraphs “1” through “120” of this Petition and Complaint as if set forth more fully herein.

122. As set forth above, the City's approvals violated SEQRA and CEQR and constituted illegal spot zoning enacted solely for Northwell's benefit to the detriment of the surrounding community. In addition, the City's rezoning violated General City Law § 20(25) because it was not done in accordance with a well-considered plan and instead was adopted to further Northwell's private development plans rather than the public interest.

123. Petitioners have no adequate remedy at law and will suffer irreparable injury in the absence of injunctive relief.

124. By reason of the foregoing, Petitioners are entitled to a permanent injunction enjoining and restraining Respondents from proceeding with the redevelopment, construction, and/or expansion of Lenox Hill Hospital.

125. No prior application for this or any similar relief has been made in this or any other Court.

WHEREFORE, Petitioners request that the Court enter judgment in their favor as follows:

- a) On the first cause of action pursuant to CPLR Article 78, vacating, annulling and declaring null and void all approvals associated with the proposed project on the grounds that they constitute illegal spot zoning;
- b) On the second cause of action for a declaratory judgment, decreeing and adjudging that the City's rezoning violated General City Law § 20(25) and should be vacated, annulled, and set aside;
- c) On the third cause of action pursuant to CPLR Article 78, vacating, annulling and declaring null and void all approvals associated with the proposed project on the grounds that they violate SEQRA/CEQR;

- d) On the fourth cause of action for a permanent injunction, enjoining and restraining Respondents from proceeding with the redevelopment, construction, and/or expansion of Lenox Hill Hospital; and
- e) Awarding Petitioners the costs and disbursements of this action, including reasonable attorneys' fees, and such other and further relief as the Court may deem just and proper.

Dated: New York, New York
December 8, 2025

DAVIDOFF HUTCHER & CITRON LLP

By: /s/ Larry Hutcher
Larry Hutcher
Peter M. Ripin
Eric J. Przybylko
605 Third Avenue
New York, New York 10158
(212) 557-7200

Attorneys for Petitioners/Plaintiffs

VERIFICATION

STATE OF NEW YORK)
) ss.:
 COUNTY OF NEW YORK)

ANDREW D. SOUSSLOFF, being duly sworn, deposes and says:

1. I am the President of COMMITTEE TO PROTECT OUR LENOX HILL NEIGHBORHOOD, INC. ("CPOLHN"), a petitioner/plaintiff in the above captioned matter, and CPOLHN is united in interest and pleads together with petitioners/plaintiffs CIVITAS CITIZENS INC., 145 EAST 76TH STREET CORPORATION, EAST 76TH REALTY CO., INC., 829 PARK AVENUE CORPORATION, PARK AND 76TH ST. INC., 885 PARK AVENUE CORPORATION, 863 PARK AVENUE, INC., PARK AVENUE AND SEVENTY-SEVENTH STREET CORPORATION, 875 PARK AVENUE CORPORATION, 1065 LEXINGTON AVENUE CORPORATION, ANDREW PEARCE, BARBARA MINTZ, ELIZABETH HERKELRATH, WILLIAM HERKELRATH, HILARY CECIL-JORDAN, LENORE PASSAVANTI, PIERRE VAN BOCKSTAELE, and WENDY LEHMAN LASH.

2. I have read the foregoing petition and complaint and know the contents thereof to be true to my knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe them to be true.

ANDREW D. SOUSSLOFF

Sworn to before me this
 8th day of December, 2025.

Notary Public

O I S I L O
 Notary Public, State of New York
 No. 01105034923
 Qualified in Kings County
 Commission Expires October 24, 2026

EXHIBIT A



COMMUNITY/BOROUGH BOARD RECOMMENDATION

Project Name: Lenox Hill Hospital			
Applicant: Northwell Health		Applicant's Primary Contact: Melanie Meyers	
Application # 250152ZRM		Borough:	
CEQR Number: 23DCP079M		Validated Community Districts: M08	

Docket Description:

Please use the above application number on all correspondence concerning this application

RECOMMENDATION: Conditional Unfavorable			
# In Favor: 23	# Against: 14	# Abstaining: 1	Total members appointed to the board: 38
Date of Vote: 4/9/2025 8:00 AM		Vote Location: https://www.cb8m.com/event/33784/	

Please attach any further explanation of the recommendation on additional sheets as necessary

Date of Public Hearing: 3/12/2025 6:00 PM	
Was a quorum present? Yes	<i>A public hearing requires a quorum of 20% of the appointed members of the board but in no event fewer than seven such members</i>
Public Hearing Location:	This hearing will be conducted hybrid in person and via Zoom. Memorial Sloan Kettering's Rockefeller Research Laboratories 430 East 67th Street (b/t First and York) https://www.cb8m.com/event/33781/

CONSIDERATION: see attached resolution

Recommendation submitted by	MN CB8	Date: 4/15/2025 10:32 AM
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Valerie S. Mason
Chair

Will Brightbill
District Manager



**The City of New York
Community Board 8 Manhattan**

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New York, N.Y. 10022-1106
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April 10, 2025

Daniel R. Garodnick, Chair
City Planning Commission
120 Broadway, 31st Floor
New York, NY 10271

Re: Lenox Hill Hospital (N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, and C250151ZMM)

Dear Chair Garodnick,

At the Land Use Meeting of Community Board 8 Manhattan held on Wednesday, April 9, 2025, the board approved the following resolution by a vote of 23 in favor, 14 opposed, 1 abstention, and 0 not voting for cause:

WHEREAS the Applicant, Lenox Hill/Northwell Health proposes a major expansion to its hospital on the block bordered by 76th and 77th Streets and Lexington and Park Avenues; and

WHEREAS the Applicant first proposed alterations to the campus in March of 2019 and few changes have been made to reflect community input following several meetings since that date; and

WHEREAS it is acknowledged that the Applicant needs to modernize certain aspects of the Lenox Hill Hospital campus; and

WHEREAS the proposed development will consist of a new tower on the Lexington Avenue portion of the site, a renovation to the Park Avenue portion of the site, and a mix of new and renovated construction in the midblock; and

WHEREAS the hospital plans to remain open throughout the projected nine year construction period; and

WHEREAS the Applicant proposes the following changes to the Zoning Resolution to accomplish the proposed development:

1. Zoning Map Amendments to rezone:
 - a. Only a 75% portion of the property's tax lot and zoning lot as follows:
 - i. The Lexington Avenue frontage of the Development Site from C1-8X to a C1-9 district; and
 - ii. The midblock of the Development Site from an R8B to a C1-8 district;
2. Zoning Text Amendment to:
 - a. Create a new special permit under ZR Section 74-904 (Non-profit or voluntary hospitals in R9 or R10 districts and certain Commercial Districts) pursuant to which the City Planning Commission may, for a development or enlargement predominantly for Use Group III(B) hospital use on a full-block zoning lot improved with an existing hospital use and located in R9 or R10 districts, or equivalent commercial districts, and partially within the Special Park Improvement District:

- i. permit a floor area increase of up to 20% for community facility use;
 - ii. allow such floor area bonus to be used in combination with a floor area bonus permitted by authorization in connection with mass transit station improvements pursuant to ZR Section 66-51; and
 - iii. permit modifications of applicable bulk regulations, provided that the amount of floor area located within the Special Park Improvement District not exceed 10.0 FAR;
 - b. amend ZR Section 66-513(a)(2) to allow a floor area bonus pursuant to Section 66-511 or 66-512 in combination with other floor area bonuses, to exceed 20 percent of the maximum floor area otherwise permitted on the zoning lot where explicitly allowed by a special permit of the Commission;
 - c. amend ZR Section 92-21 to allow the permitted floor area ratio 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; and
 - d. establish the portions of the Development Site within the new C1-9 and C1-8 districts as a Mandatory Inclusionary Housing ("MIH") area;
3. Zoning special permit pursuant to ZR Section 74-904 to permit a redevelopment of the Development Site predominantly for Use Group 4 non-profit hospital use with up to 1,034,471 square feet of floor area (12.5 FAR);
 4. To permit up to 75% of the zoning lot to be programmed with hospital uses;
 5. Zoning Authorization pursuant to ZR Section 66-511 to permit, as part of the total proposed 12.5 FAR, a floor area increase of up to 0.5 FAR in connection with improvements to the southbound platform of the 77th Street station of the Lexington Avenue subway line;
 6. Zoning Certification pursuant to ZR Section 66-21 for a transit volume easement;
 7. Zoning special permit modifying street wall, height, and setback and other bulk regulations; and

WHEREAS the existing development on the block comprises approximately 781,500 gross square feet and approximately 620,500 zoning square feet (FAR 7.5), which is in excess of the allowable zoning floor area under the current zoning (approximately 600,000 zoning square feet); and

WHEREAS the applicant proposes a development (both renovated and new construction) comprising approximately 1,390,000 gross square feet and 1,034,471 zoning square feet (FAR 12.5); and

WHEREAS the applicant claims a desperate need for an expansion of the improvements, but is not seeking to rezone the entirety of the zoning lot, omitting a 20,833 square foot portion of the zoning lot fronting along Park Avenue; and

WHEREAS the applicant's proposed effective FAR of 12.5 is unprecedented for a hospital campus in Manhattan as it exceeds the effective FAR of, at least, the following:

- a. St. Luke's Roosevelt / Mt. Sinai West at 424 10th Avenue
- b. Mt. Sinai Hospital and 1440 Madison Avenue
- c. New York Presbyterian 1176 York Avenue
- d. The proposed MSK development and existing campus on Blocks 1461 and 1462
- e. The David Koch hospital at 530 West 74th Street (MSK)
- f. NYU Langone
- g. Bellevue Hospital
- h. The VA hospital at 423 East 23rd Street
- i. CU Medical Center and Morgan Stanley Children's Hospital; and

WHEREAS the proposed development will feature one of two tower configurations on the Lexington Avenue portion of the site:

- A. A tower approximately 200 feet by 180 feet in ground plan and a height of 436 feet with an attached midblock portion on the 76th street side approximately 80 feet by 90 feet and a height of 210 feet; or
- B. A tower approximately 200 feet by 180 feet in ground plan and a height of 395 feet with an attached midblock portion on the 76th street side approximately 80 feet by 90 feet and a height of 360 feet; and

WHEREAS the existing hospital has 172 beds in single-bedded rooms and 278 beds in double-occupancy rooms (139 rooms) for a total of 450 beds, and the proposed hospital will have 475 single-bedded rooms (234 square feet each, exclusive of ADA bathroom and nurse's station); and

WHEREAS the proposed development will include an increased number (and size) of Operating Rooms, additional loading bays, interior ambulance bays, and an increase in the size of the Emergency Department which will be located on the Second Floor; and

WHEREAS the hospital will have its main entrance at the corner of 76th Street and Lexington Avenue, and a "Mother and Baby" entrance on Park Avenue; and

WHEREAS the proposal will provide an accessible entry to the Uptown platform of the Lexington Avenue Subway at 77th Street; and

WHEREAS the proposed zoning and proposed bulk for the Lexington Avenue portion of the site creates an imbalance of the floor area distribution across the site although spreading the proposed floor area equally across the site could produce a building about 250 feet tall; and

WHEREAS the proposed tower would be over twice the height of the tallest building permitted under the current zoning on Lexington Avenue, and its footprint, occupying the entire Lexington Avenue blockfront at its full height, is too massive and out of scale with the surrounding neighborhood; and

WHEREAS in order to build the proposed development, the applicant requires not only a change of zoning designation on three quarters of the entire site, but then must obtain permission for modification of height, setback and other bulk controls, selecting the most generous bulk and area regulations while seeking relief from those rules; and.

WHEREAS the massive tower will create a "canyon" shadow effect along Lexington Avenue and both side streets; and

WHEREAS the requested floor area bonus for Transit Improvement does not take into account the absence of accessible access to the Northbound IRT at 77th Street, which is an urgent need at this location; and

WHEREAS no real consideration has been given to the way that many patients arrive at the hospital – via public transportation or by car; and

WHEREAS no drop-off area is proposed, further obstructing traffic on Lexington Avenue, as the entrance to the hospital is located on the corner of Lexington and 76th Street, adjacent to a bus lane; and

WHEREAS the proposed entrance to the "Mother and Baby" hospital with no drop-off area on Park Avenue will also disrupt traffic on Park Avenue; and

WHEREAS the proposal requires ambulances and trucks to enter the hospital but are then forced to back out, twice crossing sidewalks on 77th and 76th Streets and disrupting both pedestrian and vehicular traffic; and

WHEREAS the small increase in hospital beds increases the height of the Lexington Avenue tower by at least one floor; and

WHEREAS the DEIS (Draft Environmental Impact Statement) failed to identify potential impact of this project (transportation, open space, water and sewer infrastructure, and neighborhood character) while identifying impacts that can, under the proposal have no real mitigation; and

WHEREAS despite comments to the contrary made by the applicant, common sense would indicate that a much larger hospital will need more staff to run it, increasing traffic in the immediate area; and

WHEREAS no parking is proposed for this development, despite a current lack of parking on the Upper East Side which may be exacerbated by congestion pricing; and

WHEREAS the proposed construction schedule, a result of maintaining operations at the hospital while it is substantially reconstructed, is too long; and

WHEREAS Saturday and late work permits will be requested throughout the construction period, disrupting normal activities for a generation of East Siders; and

WHEREAS no provisions have been identified for traffic disruption mitigation during construction; and

WHEREAS no provisions for unloading of building materials or possible additional lane closures for construction vehicles have been presented; and

WHEREAS the applicant assumes that construction workers will all arrive by subway or bus which is unrealistic; and

WHEREAS noise and dust and debris are unavoidable with any construction, but the length of construction time anticipated in this development proposal amplifies these issues beyond what is reasonable; and

WHEREAS construction activities on 77th Street will interfere with the arrival of ambulances and the functioning of the Emergency Department throughout the construction period; and

WHEREAS the working conditions within the hospital during construction will likely degrade patient care and at the very least inconvenience staff; and

WHEREAS the proposed decade of construction will upend our dense residential neighborhood: a thriving community filled with schools, houses of worship, small businesses, hotels and institutions cannot survive the noise, pollutants/dust, danger, traffic and overall chaos that will accompany construction of this magnitude; and

WHEREAS the delicate balance of the architecture on the narrowest avenue on the Upper East Side will be upset forever; and

WHEREAS the portion of the development site within the Park Improvement District will not be subject to Mandatory Inclusionary Housing, and could, at a later date, be split off from the proposed development and developed as of right as housing; and

WHEREAS the proposed 12.5 FAR for the Development Site represents the application of every available floor area bonus after a rezoning of the entire site to 10 FAR, increasing the overall size of the project by 250,000 zoning square feet; and

WHEREAS the Community Board acknowledges and agrees with Lenox Hill Hospital that it is in need of modernization and we have no objection to a temporary closing of the hospital during any construction period, to speed up the modernization of the hospital; and

WHEREAS the community has opposed the project through petitions (over 6000 signatures), written testimony for the Community Board Land Use Meeting in March (522 opposed with 164 in favor), and in-person testimony at the March Land Use Meeting (over 100 speakers); and

WHEREAS healthcare equity would indicate that the applicant's resources could be put to better use in other parts of the city which have been described as "Health Care Deserts"; and

THEREFORE, BE IT RESOLVED that this application is **DISAPPROVED** as presented **unless all of the following conditions are met:**

- A. Applicant commits to a maximum height of 215' uniformly across the entire zoning lot. No bonus mechanisms will allow any increase in height; and
- B. Applicant commits to either, but not both, of the Transit Improvement and Hospital Floor Area Bonuses requested by special permit (pursuant to ZR Section 74-904 and ZR Section 66-51); and
- C. Applicant commits to mapping the entirety of the zoning lot within an MIH district; and
- D. Applicant commits to an accessible entrance to BOTH Southbound and Northbound platforms of the IRT subway at the 77th Street Station; and
- E. Applicant commits to permanent hospital use on the entire zoning lot; and
- F. If Applicant sells the Park Avenue frontage for residential development, Applicant will notify the public and commit to allocating 5% of the sales price for transit improvements and other community benefits to be determined; and
- G. Applicant commits to provide parking (on-site or new off-site parking locations) to accommodate staff and patients/visitors; and
- H. Applicant commits to request NO After Hours Variance Permits in connection with this project without the prior approval of the Community Board.

Please advise our office of any action taken on this matter, and, of course, we remain available to discuss any of the conditions set forth in our resolution and continue a dialogue with the applicant.

Sincerely,

Valerie S. Mason

Valerie S. Mason
Chair

cc: Honorable Kathy Hochul, Governor of New York
Honorable Eric Adams, Mayor of the City of New York
Honorable Jumaane Williams, Public Advocate of the City of New York
Honorable Mark Levine, Manhattan Borough President
Honorable Jerry Nadler, 12th Congressional District Representative
Honorable Liz Krueger, NYS Senator, 28th Senatorial District
Honorable José M. Serrano, NYS Senator, 29th Senatorial District
Honorable Edward Gibbs, NYS Assembly Member 68th Assembly District

Honorable Alex Bores, NYS Assembly Member, 73rd Assembly District
Honorable Rebecca Seawright, NYS Assembly Member 76th Assembly District
Honorable Keith Powers, NYC Council Member, 4th Council District
Honorable Julie Menin, NYC Council Member, 5th Council District
Honorable Diana Ayala, NYC Council Member, 8th Council District
Dr. Daniel J. Baker, President, Lenox Hill Hospital

EXHIBIT B

**BOROUGH PRESIDENT
RECOMMENDATION**

Project Name: Lenox Hill Hospital	
Applicant: Northwell Health	Applicant's Administrator: Melanie Meyers
Application # 250152ZRM	Borough: Manhattan
CEQR Number: 23DCP079M	Validated Community Districts: M08

Docket Description:

Please use the above application number on all correspondence concerning this application

RECOMMENDATION: Conditional Favorable

Please attach any further explanation of the recommendation on additional sheets as necessary

CONSIDERATION:

Recommendation submitted by	MN BP	Date: 5/14/2025 6:18 PM
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OFFICE OF THE

**MANHATTAN
BOROUGH PRESIDENT**

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Mark Levine, Borough President

May 14, 2025

**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;

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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

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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

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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

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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:

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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

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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 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

EXHIBIT C

CITY PLANNING COMMISSION

July 2, 2025 / Supplemental Calendar No. 1

C 250151 ZMM

IN THE MATTER OF an application submitted by Lenox Hill Hospital pursuant to Sections 197-c and 201 of the New York City Charter for an amendment of the Zoning Map, Section No. 8c:

1. changing from an R8B District to a C1-8 District property bounded by East 77th Street, a line 100 feet westerly of Lexington Avenue, East 76th Street, and a line 100 feet easterly of Park Avenue; and
2. changing from a C1-8X District to a C1-9 District property bounded by East 77th Street, Lexington Avenue, East 76th Street, and a line 100 feet westerly of Lexington Avenue;

as shown on a diagram (for illustrative purposes only) dated February 3, 2025, and subject to the conditions of CEQR Declaration E-777.

This application for a zoning map amendment was filed by Lenox Hill Hospital on January 2, 2025. This application, in conjunction with the related applications, would facilitate the redevelopment and enlargement of Lenox Hill Hospital, located at 100 East 77th Street (Block 1411, Lots 1 and 113), in the Lenox Hill neighborhood of Manhattan, Community District 8.

RELATED ACTIONS

In addition to the zoning map amendment (C 250151 ZMM) that is the subject of this report, the proposed project also requires action by the City Planning Commission (CPC) on the following actions, which are being considered concurrently with this application:

N 250152 ZRM

Zoning text amendment to create a new hospital special permit to facilitate a floor area increase of up to 20 percent for non-profit hospital use, allow such floor area bonus to be used in conjunction with a transit improvement bonus, permit modifications of applicable bulk regulations, and designate a Mandatory Inclusionary Housing (MIH) area.

C 250153 ZSM Zoning special permit to facilitate a floor area increase of up to 20 percent for non-profit hospital use, allow such floor area bonus to be used in conjunction with a transit improvement bonus, and permit modifications of applicable bulk regulations.

N 250154 ZAM Zoning authorization to enable a floor area increase from proposed subway station improvements.

BACKGROUND

A full background discussion and description of this application appears in the report for the related zoning special permit (C 250153 ZSM).

ENVIRONMENTAL REVIEW

This application (C 250151 ZMM), in conjunction with the related actions, was reviewed pursuant to the New York State Environmental Quality Review Act (SEQRA) and the SEQRA regulations set forth in Volume 6 of the New York Code of Rules and Regulations, Section 617.00 *et seq.* and the City Environmental Quality Review (CEQR) Rules of Procedure of 1991 and Executive Order No. 91 of 1977. The lead is the City Planning Commission. The designated CEQR number is 23DCP079M.

It was determined that this application, in conjunction with the applications for the related actions, may have a significant effect on the environment, and that an Environmental Impact Statement (EIS) would be required. A Positive Declaration was issued on January 30, 2023, and subsequently distributed, published, and filed. Together with the Positive Declaration, a Draft Scope of Work for the Draft Environmental Impact Statement (DEIS) was issued on January 30, 2023. A public scoping meeting was held on March 2, 2023, and the Final Scope of Work was issued on January 31, 2025. A full description of the environmental review is included in the report for the related zoning special permit (C 250153 ZSM).

UNIFORM LAND USE REVIEW

This application for a zoning map amendment (C 250151 ZMM) and the related application for a zoning special permit (C 250153 ZSM) was certified as complete by the Department of City Planning on February 3, 2025, and duly referred to Manhattan Community Board 8 and the Manhattan Borough President in accordance with Title 62 of the Rules of the City of New York, Section 2-02(b), along with the related applications for a zoning text amendment (N 250152 ZRM) and zoning authorization (N 250154 ZAM) which were referred in accordance with the procedures for non-ULURP matters.

Community Board Review

Manhattan Community Board 8 held a public hearing on this application (C 250151 ZMM) along with the related applications for a zoning text amendment (N 250152 ZRM), zoning special permit (C 250153 ZSM), and zoning authorization (N 250154 ZAM) on March 12, 2025, and on April 9, 2025, by a vote of 23 in favor, 14 opposed, and one abstaining adopted a resolution recommending disapproval of the application with the conditions. A summary of the recommendation appears in the report for the related action (C 250153 ZSM).

Borough President Recommendation

On May 14, 2025, the Manhattan Borough President issued a recommendation on this application (C 250151 ZMM) along with the related applications for a zoning text amendment (N 250152 ZRM), zoning special permit (C 250153 ZSM), and zoning authorization (N 250154 ZAM), to approve the application with the conditions. A summary of the recommendation appears in the report for the related action (C 250153 ZSM).

City Planning Commission Public Hearing

On May 7, 2025, (Calendar No. 5), the City Planning Commission scheduled May 21, 2025, for a public hearing on this application (C 250151 ZMM) and the related actions for a zoning text amendment (N 250152 ZRM), and zoning special permit (C 250153 ZSM). The hearing was duly held on May 21, 2025 (Calendar No. 12).

Twenty-four speakers testified in favor, and 46 in opposition, as described in the report for the related action (C 250153 ZSM), and the hearing was closed.

CONSIDERATION

The Commission believes that this application for a zoning map amendment (C 250151 ZMM), in conjunction with the related actions for a zoning text amendment (N 250152 ZRM), zoning special permit (C 250153 ZSM), and zoning authorization (N 250154 ZAM) is appropriate. A full consideration and analysis of the issues and the reasons for approving the application appear in the report for the related action (C 250153 ZSM).

RESOLUTION

RESOLVED, that having considered the Final Environmental Impact Statement (FEIS), for which a Notice of Completion was issued on June 20, 2025, with respect to this application (CEQR No. 23DCP079M), the City Planning Commission finds that the requirements of the New York State Environmental Quality Review Act and Regulations have been met and that:

1. The environmental impacts disclosed in the FEIS were evaluated in relation to the social, economic, and other considerations associated with the action that is set forth in this report; and
2. Consistent with social, economic, and other essential considerations, from among the reasonable alternatives provided in the application, the actions are one which minimizes or avoids adverse environmental impacts to the maximum extent practicable; and
3. The adverse environmental impacts revealed in the FEIS will be minimized or avoided to the maximum extent practicable by incorporating as conditions to the approval, pursuant to the restrictive declaration dated June 30, 2025, those project components related to the environment and mitigation measures that were identified as practicable.

The report of the City Planning Commission, together with the FEIS, constitutes the written statement of findings that form the basis of the decision, pursuant to Section 617.11(d) of the

SEQRA regulations; and be it further

RESOLVED, by the City Planning Commission, pursuant to Sections 197-c and 200 of the New York City Charter, that based on the environmental determination and consideration described in related report (C 250153 ZSM), the Zoning Resolution of the City of New York, effective as of December 15, 1961, and as subsequently amended, is further amended by changing the Zoning Map, Section No. 8c, changing from an R8B district to a C1-8 district property bounded by East 77th Street, a line 100 feet westerly of Lexington Avenue, East 76th Street, and a line 100 feet easterly of Park Avenue, and changing from a C1-8X district to a C1-9 district property bounded by East 77th Street, Lexington Avenue, East 76th Street, and a line 100 feet westerly of Lexington Avenue, as shown on a diagram (for illustrative purposes only) dated February 3, 2025, and subject to the conditions of CEQR Declaration E-777.

The above resolution (C 250151 ZMM), duly adopted by the City Planning Commission on July 2, 2025 (Supplemental Calendar No. 1), is filed with the Office of the Speaker, City Council, and the Borough President, in accordance with the requirements of Section 197-d of the New York City Charter.

DANIEL R. GARODNICK, Esq., *Chair,*
KENNETH J. KNUCKLES, Esq., *Vice Chairman*
GAIL BENJAMIN, ALFRED C. CERULLO, III, Esq., ANTHONY W. CROWELL, Esq.,
JOSEPH I. DOUEK, DAVID GOLD, Esq., LEAH GOODRIDGE, Esq.,
RASMIA KIRMANI-FRYE, ORLANDO MARÍN,
JUAN CAMILO OSORIO, RAJ RAMPERSHAD, *Commissioners*



COMMUNITY/BOROUGH BOARD RECOMMENDATION

Project Name: Lenox Hill Hospital	
Applicant: Northwell Health	Applicant's Primary Contact: Melanie Meyers
Application # 250152ZRM	Borough:
CEQR Number: 23DCP079M	Validated Community Districts: M08

Docket Description:

Please use the above application number on all correspondence concerning this application

RECOMMENDATION: Conditional Unfavorable			
# In Favor: 23	# Against: 14	# Abstaining: 1	Total members appointed to the board: 38
Date of Vote: 4/9/2025 8:00 AM		Vote Location: https://www.cb8m.com/event/33784/	

Please attach any further explanation of the recommendation on additional sheets as necessary

Date of Public Hearing: 3/12/2025 6:00 PM	
Was a quorum present? Yes	<i>A public hearing requires a quorum of 20% of the appointed members of the board but in no event fewer than seven such members</i>
Public Hearing Location:	This hearing will be conducted hybrid in person and via Zoom. Memorial Sloan Kettering's Rockefeller Research Laboratories 430 East 67th Street (b/t First and York) https://www.cb8m.com/event/33781/

CONSIDERATION: see attached resolution

Recommendation submitted by	MN CB8	Date: 4/15/2025 10:32 AM
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Valerie S. Mason
Chair

Will Brightbill
District Manager



**The City of New York
Community Board 8 Manhattan**

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New York, N.Y. 10022-1106
(212) 758-4340
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April 10, 2025

Daniel R. Garodnick, Chair
City Planning Commission
120 Broadway, 31st Floor
New York, NY 10271

Re: Lenox Hill Hospital (N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, and C250151ZMM)

Dear Chair Garodnick,

At the Land Use Meeting of Community Board 8 Manhattan held on Wednesday, April 9, 2025, the board approved the following resolution by a vote of 23 in favor, 14 opposed, 1 abstention, and 0 not voting for cause:

WHEREAS the Applicant, Lenox Hill/Northwell Health proposes a major expansion to its hospital on the block bordered by 76th and 77th Streets and Lexington and Park Avenues; and

WHEREAS the Applicant first proposed alterations to the campus in March of 2019 and few changes have been made to reflect community input following several meetings since that date; and

WHEREAS it is acknowledged that the Applicant needs to modernize certain aspects of the Lenox Hill Hospital campus; and

WHEREAS the proposed development will consist of a new tower on the Lexington Avenue portion of the site, a renovation to the Park Avenue portion of the site, and a mix of new and renovated construction in the midblock; and

WHEREAS the hospital plans to remain open throughout the projected nine year construction period; and

WHEREAS the Applicant proposes the following changes to the Zoning Resolution to accomplish the proposed development:

1. Zoning Map Amendments to rezone:
 - a. Only a 75% portion of the property's tax lot and zoning lot as follows:
 - i. The Lexington Avenue frontage of the Development Site from C1-8X to a C1-9 district; and
 - ii. The midblock of the Development Site from an R8B to a C1-8 district;
2. Zoning Text Amendment to:
 - a. Create a new special permit under ZR Section 74-904 (Non-profit or voluntary hospitals in R9 or R10 districts and certain Commercial Districts) pursuant to which the City Planning Commission may, for a development or enlargement predominantly for Use Group III(B) hospital use on a full-block zoning lot improved with an existing hospital use and located in R9 or R10 districts, or equivalent commercial districts, and partially within the Special Park Improvement District:

- i. permit a floor area increase of up to 20% for community facility use;
 - ii. allow such floor area bonus to be used in combination with a floor area bonus permitted by authorization in connection with mass transit station improvements pursuant to ZR Section 66-51; and
 - iii. permit modifications of applicable bulk regulations, provided that the amount of floor area located within the Special Park Improvement District not exceed 10.0 FAR;
 - b. amend ZR Section 66-513(a)(2) to allow a floor area bonus pursuant to Section 66-511 or 66-512 in combination with other floor area bonuses, to exceed 20 percent of the maximum floor area otherwise permitted on the zoning lot where explicitly allowed by a special permit of the Commission;
 - c. amend ZR Section 92-21 to allow the permitted floor area ratio 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; and
 - d. establish the portions of the Development Site within the new C1-9 and C1-8 districts as a Mandatory Inclusionary Housing ("MIH") area;
3. Zoning special permit pursuant to ZR Section 74-904 to permit a redevelopment of the Development Site predominantly for Use Group 4 non-profit hospital use with up to 1,034,471 square feet of floor area (12.5 FAR);
 4. To permit up to 75% of the zoning lot to be programmed with hospital uses;
 5. Zoning Authorization pursuant to ZR Section 66-511 to permit, as part of the total proposed 12.5 FAR, a floor area increase of up to 0.5 FAR in connection with improvements to the southbound platform of the 77th Street station of the Lexington Avenue subway line;
 6. Zoning Certification pursuant to ZR Section 66-21 for a transit volume easement;
 7. Zoning special permit modifying street wall, height, and setback and other bulk regulations; and

WHEREAS the existing development on the block comprises approximately 781,500 gross square feet and approximately 620,500 zoning square feet (FAR 7.5), which is in excess of the allowable zoning floor area under the current zoning (approximately 600,000 zoning square feet); and

WHEREAS the applicant proposes a development (both renovated and new construction) comprising approximately 1,390,000 gross square feet and 1,034,471 zoning square feet (FAR 12.5); and

WHEREAS the applicant claims a desperate need for an expansion of the improvements, but is not seeking to rezone the entirety of the zoning lot, omitting a 20,833 square foot portion of the zoning lot fronting along Park Avenue; and

WHEREAS the applicant's proposed effective FAR of 12.5 is unprecedented for a hospital campus in Manhattan as it exceeds the effective FAR of, at least, the following:

- a. St. Luke's Roosevelt / Mt. Sinai West at 424 10th Avenue
- b. Mt. Sinai Hospital and 1440 Madison Avenue
- c. New York Presbyterian 1176 York Avenue
- d. The proposed MSK development and existing campus on Blocks 1461 and 1462
- e. The David Koch hospital at 530 West 74th Street (MSK)
- f. NYU Langone
- g. Bellevue Hospital
- h. The VA hospital at 423 East 23rd Street
- i. CU Medical Center and Morgan Stanley Children's Hospital; and

WHEREAS the proposed development will feature one of two tower configurations on the Lexington Avenue portion of the site:

- A. A tower approximately 200 feet by 180 feet in ground plan and a height of 436 feet with an attached midblock portion on the 76th street side approximately 80 feet by 90 feet and a height of 210 feet; or
- B. A tower approximately 200 feet by 180 feet in ground plan and a height of 395 feet with an attached midblock portion on the 76th street side approximately 80 feet by 90 feet and a height of 360 feet; and

WHEREAS the existing hospital has 172 beds in single-bedded rooms and 278 beds in double-occupancy rooms (139 rooms) for a total of 450 beds, and the proposed hospital will have 475 single-bedded rooms (234 square feet each, exclusive of ADA bathroom and nurse's station); and

WHEREAS the proposed development will include an increased number (and size) of Operating Rooms, additional loading bays, interior ambulance bays, and an increase in the size of the Emergency Department which will be located on the Second Floor; and

WHEREAS the hospital will have its main entrance at the corner of 76th Street and Lexington Avenue, and a "Mother and Baby" entrance on Park Avenue; and

WHEREAS the proposal will provide an accessible entry to the Uptown platform of the Lexington Avenue Subway at 77th Street; and

WHEREAS the proposed zoning and proposed bulk for the Lexington Avenue portion of the site creates an imbalance of the floor area distribution across the site although spreading the proposed floor area equally across the site could produce a building about 250 feet tall; and

WHEREAS the proposed tower would be over twice the height of the tallest building permitted under the current zoning on Lexington Avenue, and its footprint, occupying the entire Lexington Avenue blockfront at its full height, is too massive and out of scale with the surrounding neighborhood; and

WHEREAS in order to build the proposed development, the applicant requires not only a change of zoning designation on three quarters of the entire site, but then must obtain permission for modification of height, setback and other bulk controls, selecting the most generous bulk and area regulations while seeking relief from those rules; and.

WHEREAS the massive tower will create a "canyon" shadow effect along Lexington Avenue and both side streets; and

WHEREAS the requested floor area bonus for Transit Improvement does not take into account the absence of accessible access to the Northbound IRT at 77th Street, which is an urgent need at this location; and

WHEREAS no real consideration has been given to the way that many patients arrive at the hospital – via public transportation or by car; and

WHEREAS no drop-off area is proposed, further obstructing traffic on Lexington Avenue, as the entrance to the hospital is located on the corner of Lexington and 76th Street, adjacent to a bus lane; and

WHEREAS the proposed entrance to the "Mother and Baby" hospital with no drop-off area on Park Avenue will also disrupt traffic on Park Avenue; and

WHEREAS the proposal requires ambulances and trucks to enter the hospital but are then forced to back out, twice crossing sidewalks on 77th and 76th Streets and disrupting both pedestrian and vehicular traffic; and

WHEREAS the small increase in hospital beds increases the height of the Lexington Avenue tower by at least one floor; and

WHEREAS the DEIS (Draft Environmental Impact Statement) failed to identify potential impact of this project (transportation, open space, water and sewer infrastructure, and neighborhood character) while identifying impacts that can, under the proposal have no real mitigation; and

WHEREAS despite comments to the contrary made by the applicant, common sense would indicate that a much larger hospital will need more staff to run it, increasing traffic in the immediate area; and

WHEREAS no parking is proposed for this development, despite a current lack of parking on the Upper East Side which may be exacerbated by congestion pricing; and

WHEREAS the proposed construction schedule, a result of maintaining operations at the hospital while it is substantially reconstructed, is too long; and

WHEREAS Saturday and late work permits will be requested throughout the construction period, disrupting normal activities for a generation of East Siders; and

WHEREAS no provisions have been identified for traffic disruption mitigation during construction; and

WHEREAS no provisions for unloading of building materials or possible additional lane closures for construction vehicles have been presented; and

WHEREAS the applicant assumes that construction workers will all arrive by subway or bus which is unrealistic; and

WHEREAS noise and dust and debris are unavoidable with any construction, but the length of construction time anticipated in this development proposal amplifies these issues beyond what is reasonable; and

WHEREAS construction activities on 77th Street will interfere with the arrival of ambulances and the functioning of the Emergency Department throughout the construction period; and

WHEREAS the working conditions within the hospital during construction will likely degrade patient care and at the very least inconvenience staff; and

WHEREAS the proposed decade of construction will upend our dense residential neighborhood: a thriving community filled with schools, houses of worship, small businesses, hotels and institutions cannot survive the noise, pollutants/dust, danger, traffic and overall chaos that will accompany construction of this magnitude; and

WHEREAS the delicate balance of the architecture on the narrowest avenue on the Upper East Side will be upset forever; and

WHEREAS the portion of the development site within the Park Improvement District will not be subject to Mandatory Inclusionary Housing, and could, at a later date, be split off from the proposed development and developed as of right as housing; and

WHEREAS the proposed 12.5 FAR for the Development Site represents the application of every available floor area bonus after a rezoning of the entire site to 10 FAR, increasing the overall size of the project by 250,000 zoning square feet; and

WHEREAS the Community Board acknowledges and agrees with Lenox Hill Hospital that it is in need of modernization and we have no objection to a temporary closing of the hospital during any construction period, to speed up the modernization of the hospital; and

WHEREAS the community has opposed the project through petitions (over 6000 signatures), written testimony for the Community Board Land Use Meeting in March (522 opposed with 164 in favor), and in-person testimony at the March Land Use Meeting (over 100 speakers); and

WHEREAS healthcare equity would indicate that the applicant's resources could be put to better use in other parts of the city which have been described as "Health Care Deserts"; and

THEREFORE, BE IT RESOLVED that this application is **DISAPPROVED** as presented **unless all of the following conditions are met:**

- A. Applicant commits to a maximum height of 215' uniformly across the entire zoning lot. No bonus mechanisms will allow any increase in height; and
- B. Applicant commits to either, but not both, of the Transit Improvement and Hospital Floor Area Bonuses requested by special permit (pursuant to ZR Section 74-904 and ZR Section 66-51); and
- C. Applicant commits to mapping the entirety of the zoning lot within an MIH district; and
- D. Applicant commits to an accessible entrance to BOTH Southbound and Northbound platforms of the IRT subway at the 77th Street Station; and
- E. Applicant commits to permanent hospital use on the entire zoning lot; and
- F. If Applicant sells the Park Avenue frontage for residential development, Applicant will notify the public and commit to allocating 5% of the sales price for transit improvements and other community benefits to be determined; and
- G. Applicant commits to provide parking (on-site or new off-site parking locations) to accommodate staff and patients/visitors; and
- H. Applicant commits to request NO After Hours Variance Permits in connection with this project without the prior approval of the Community Board.

Please advise our office of any action taken on this matter, and, of course, we remain available to discuss any of the conditions set forth in our resolution and continue a dialogue with the applicant.

Sincerely,

Valerie S. Mason

Valerie S. Mason
Chair

cc: Honorable Kathy Hochul, Governor of New York
Honorable Eric Adams, Mayor of the City of New York
Honorable Jumaane Williams, Public Advocate of the City of New York
Honorable Mark Levine, Manhattan Borough President
Honorable Jerry Nadler, 12th Congressional District Representative
Honorable Liz Krueger, NYS Senator, 28th Senatorial District
Honorable José M. Serrano, NYS Senator, 29th Senatorial District
Honorable Edward Gibbs, NYS Assembly Member 68th Assembly District

Honorable Alex Bores, NYS Assembly Member, 73rd Assembly District
Honorable Rebecca Seawright, NYS Assembly Member 76th Assembly District
Honorable Keith Powers, NYC Council Member, 4th Council District
Honorable Julie Menin, NYC Council Member, 5th Council District
Honorable Diana Ayala, NYC Council Member, 8th Council District
Dr. Daniel J. Baker, President, Lenox Hill Hospital



BOROUGH PRESIDENT RECOMMENDATION

Project Name: Lenox Hill Hospital	
Applicant: Northwell Health	Applicant's Administrator: Melanie Meyers
Application # 250152ZRM	Borough: Manhattan
CEQR Number: 23DCP079M	Validated Community Districts: M08

Docket Description:

Please use the above application number on all correspondence concerning this application

RECOMMENDATION: Conditional Favorable

Please attach any further explanation of the recommendation on additional sheets as necessary

CONSIDERATION:

Recommendation submitted by	MN BP	Date: 5/14/2025 6:18 PM
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OFFICE OF THE

MANHATTAN BOROUGH PRESIDENT

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 Mark Levine, Borough President

May 14, 2025

**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:

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

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

EXHIBIT D

CITY PLANNING COMMISSION

July 2, 2025 / Supplemental Calendar No. 2

N 250152 ZRM

IN THE MATTER OF an application submitted by Lenox Hill Hospital, pursuant to Section 201 of the New York City Charter, for an amendment of the Zoning Resolution of the City of New York, amending Article VI, Chapter 6 (Special Regulations Applying Around Mass Transit Stations), Article VII, Chapter 4 (Special Permits by the City Planning Commission), Article IX, Chapter 2 (Special Park Improvement District) and APPENDIX F for the purpose of establishing a Mandatory Inclusionary Housing area, Manhattan, Community District 8.

This application for a zoning text amendment was filed by Lenox Hill Hospital on January 2, 2025. This application, in conjunction with the related applications, would facilitate the redevelopment and enlargement of Lenox Hill Hospital, located at 100 East 77th Street (Block 1411, Lots 1 and 113), in the Lenox Hill neighborhood of Manhattan, Community District 8.

RELATED ACTIONS

In addition to the zoning text amendment (N 250152 ZRM) that is the subject of this report, the proposed project also requires action by the City Planning Commission (CPC) on the following actions, which are being considered concurrently with this application:

- | | |
|---------------------|---|
| C 250151 ZMM | Zoning map amendment to change an R8B district to a C1-8 district and a C1-8X district to a C1-9 district. |
| C 250153 ZSM | Zoning special permit to facilitate a floor area increase of up to 20 percent for non-profit hospital use, allow such floor area bonus to be used in conjunction with a transit improvement bonus, and permit modifications of applicable bulk regulations. |
| N 250154 ZAM | Zoning authorization to enable a floor area increase from proposed subway station improvements. |

BACKGROUND

A full background discussion and description of this application appears in the report for the related zoning special permit (C 250153 ZSM).

ENVIRONMENTAL REVIEW

This application (N 250152 ZRM), in conjunction with the related actions, was reviewed pursuant to the New York State Environmental Quality Review Act (SEQRA) and the SEQRA regulations set forth in Volume 6 of the New York Code of Rules and Regulations, Section 617.00 *et seq.* and the City Environmental Quality Review (CEQR) Rules of Procedure of 1991 and Executive Order No. 91 of 1977. The lead is the City Planning Commission. The designated CEQR number is 23DCP079M.

It was determined that this application, in conjunction with the applications for the related actions, may have a significant effect on the environment, and that an Environmental Impact Statement (EIS) would be required. A Positive Declaration was issued on January 30, 2023, and subsequently distributed, published, and filed. Together with the Positive Declaration, a Draft Scope of Work for the Draft Environmental Impact Statement (DEIS) was issued on January 30, 2023. A public scoping meeting was held on March 2, 2023, and the Final Scope of Work was issued on January 31, 2025. A full description of the environmental review is included in the report for the related zoning special permit (C 250153 ZSM).

PUBLIC REVIEW

This application (N 250152 ZRM), along with the related application for a zoning authorization (N 250154 ZAM), was duly referred to Manhattan Community Board 8 and the Manhattan Borough President on February 3, 2025 in accordance with the procedures for non-ULURP matters, along with the related applications for a zoning map amendment (C 250151 ZMM) and zoning special permit (C 250153 ZSM) which were certified as complete by the Department of City Planning in accordance with Title 62 of the Rules of the City of New York, Section 2-02(b).

Community Board Review

Manhattan Community Board 8 held a public hearing on this application (N 250152 ZRM) along with the related applications for a zoning map amendment (C 250151 ZMM), zoning special permit (C 250153 ZSM), and zoning authorization (N 250154 ZAM) on March 12, 2025, and on April 9, 2025, by a vote of 23 in favor, 14 opposed, and one abstaining adopted a resolution recommending disapproval of the application with the conditions. A summary of the recommendation appears in the report for the related special permit (C 250153 ZSM).

Borough President Recommendation

On May 14, 2025, the Manhattan Borough President issued a recommendation on this application (N 250152 ZRM) along with the related applications for a zoning map amendment (C 250151 ZMM), zoning special permit (C 250153 ZSM), and zoning authorization (N 250154 ZAM), to approve the application with the conditions. A summary of the recommendation appears in the report for the related special permit (C 250153 ZSM).

City Planning Commission Public Hearing

On May 7, 2025, (Calendar No. 6), the City Planning Commission scheduled May 21, 2025, for a public hearing on this application (N 250152 ZRM) and the related actions for a zoning map amendment (C 250151 ZMM), and zoning special permit (C 250153 ZSM). The hearing was duly held on May 21, 2025 (Calendar No. 13).

Twenty-four speakers testified in favor, and 46 in opposition, as described in the report for the related special permit (C 250153 ZSM), and the hearing was closed.

CONSIDERATION

The Commission believes that this application for a zoning text amendment (N 250152 ZRM), in conjunction with the related actions for a zoning map amendment (C 250151 ZMM), zoning special permit (C 250153 ZSM), and zoning authorization (N 250154 ZAM) is appropriate. A full consideration and analysis of the issues and the reasons for approving the application appear in the report for the related special permit (C 250153 ZSM).

RESOLUTION

RESOLVED, that having considered the Final Environmental Impact Statement (FEIS), for which a Notice of Completion was issued on June 20, 2025, with respect to this application (CEQR No. 23DCP079M), the City Planning Commission finds that the requirements of the New York State Environmental Quality Review Act and Regulations have been met and that:

1. The environmental impacts disclosed in the FEIS were evaluated in relation to the social, economic, and other considerations associated with the action that is set forth in this report; and
2. Consistent with social, economic, and other essential considerations, from among the reasonable alternatives provided in the application, the actions are one which minimizes or avoids adverse environmental impacts to the maximum extent practicable; and
3. The adverse environmental impacts revealed in the FEIS will be minimized or avoided to the maximum extent practicable by incorporating as conditions to the approval, pursuant to the restrictive declaration dated June 30, 2025, those project components related to the environment and mitigation measures that were identified as practicable.

The report of the City Planning Commission, together with the FEIS, constitutes the written statement of findings that form the basis of the decision, pursuant to Section 617.11(d) of the SEQRA regulations; and be it further

RESOLVED, by the City Planning Commission, pursuant to Section 201 of the New York City Charter, that based on the environmental determination and consideration described in the related report (C 250153 ZSM), the Zoning Resolution of the City of New York, effective as of December 15, 1961, and as subsequently amended, is further amended as follows:

Matter underlined is new, to be added;
Matter ~~struck out~~ is to be deleted;
Matter within # # is defined in Section 12-10;

* * * indicates where unchanged text appears in the Zoning Resolution.

ARTICLE VI SPECIAL REGULATIONS APPLICABLE TO CERTAIN AREAS

* * *

Chapter 6 Special Regulations Applying Around Mass Transit Stations

* * *

66-50 SPECIAL APPROVALS

* * *

66-51 Additional Floor Area for Mass Transit Station Improvements

* * *

66-513 Additional rules and limitations, conditions, findings, and requirements

Any authorization or special permit application pursuant to the provisions of Section 66-511 (Additional floor area for mass transit station improvements by authorization) or Section 66-512 (Additional floor area for mass transit station improvements by special permit), respectively, shall be subject to the following provisions.

(a) Additional rules and limitations on bonus #floor area#

The following rules and limitations on bonus #floor area# shall apply in addition to the provisions set forth in Sections 66-511 and 66-512:

- (1) Where a #zoning lot# contains multiple #uses# with different #floor area ratios#, the bonus may be applied to any individual #use#, and the total of all #floor area ratios# shall not exceed 20 percent of the greatest #floor area ratio# permitted on the #zoning lot#;
- (2) The #floor area# bonus may be used in combination with other #floor area#

bonuses, provided that the maximum #floor area ratio# permitted through the combination of bonuses does not exceed 20 percent of the maximum #floor area ratio# otherwise permitted on the #zoning lot#. However, such 20 percent limitation shall not apply:

- (i) where explicitly stated otherwise in a Special Purpose District; or
 - (ii) where explicitly stated otherwise in a special permit of the City Planning Commission; and
- (3) For #MIH developments# or #UAP developments#, the requirements of Article II, Chapter 7 (Additional Regulations and Administration in Residence Districts) shall not apply to the bonus #floor area# granted under the provisions of this Section.

For the purposes of applying this paragraph to applications seeking an authorization pursuant to Section 66-511 (Additional floor area for mass transit station improvements by authorization), notwithstanding the above allowances, in no event shall the amount of bonus #floor area# exceed 200,000 square feet.

(b) Conditions

* * *

**ARTICLE VII
ADMINISTRATION**

* * *

**Chapter 4
Special Permits by the City Planning Commission**

* * *

**74-90
ADDITIONAL PERMITS**

* * *

**74-904
Non-profit or voluntary hospitals in R9 or R10 Districts and certain Commercial Districts**

For a #zoning lot# occupying an entire #block# located in an R9 or an R10 District, or in #commercial districts# mapped within, or with a #residential equivalent# of an R9 or an R10 District, partially within the #Special Park Improvement District#, and containing a non-profit or voluntary hospital and related facilities, as listed in Use Group III(B), the City Planning Commission may, by special permit, allow the modifications set forth in paragraph (a) of this Section, provided the conditions set forth in paragraph (b) and findings set forth in paragraph (c) are met.

- (a) The Commission may allow an increase in the maximum #community facility# #floor area ratio# by up to a maximum of 20 percent. A #floor area# bonus pursuant to this Section may be used in combination with a #floor area# bonus permitted pursuant to Section 66-51 (Additional Floor Area for Mass Transit Station Improvements), and the combination of such bonuses may exceed 20 percent of the maximum #floor area ratio# otherwise permitted.

In connection with such #floor area# bonus, the Commission may allow modifications to applicable #bulk# regulations.

- (b) In order to grant a special permit pursuant to this Section, the following conditions shall be met:

- (1) a minimum #floor area# of 75 percent of any #development# or #enlargement# on such #zoning lot# will be allocated to such hospital #use#;
- (2) the bonus #floor area# allowed pursuant to this Section shall be exclusively allocated to such hospital #use#; and
- (3) the amount of #floor area# to be located on the portion of such #zoning lot# within the #Special Park Improvement District# shall not exceed a #floor area ratio# of 10.0.

- (c) In order to grant a special permit pursuant to this Section, the Commission shall find that:

- (1) the public benefit derived from such proposed hospital #development# or #enlargement# merits the additional #floor area# being granted pursuant to this special permit;
- (2) where #bulk# modifications are utilized, such modifications will provide a more satisfactory physical relationship to existing hospital #buildings or other structures# on the #zoning lot#, and facilitate a more efficient and integrated site plan; and

- (3) where #bulk# modifications are utilized, the distribution of #bulk# on the #zoning lot# will result in a satisfactory site plan and urban design relationships of #buildings or other structures# to adjacent #streets# and the surrounding area.

The Commission may prescribe appropriate conditions and safeguards to minimize adverse effects on the character of the surrounding area.

74-91

Modification of Public Plazas

* * *

ARTICLE IX

SPECIAL PURPOSE DISTRICTS

* * *

Chapter 2

Special Park Improvement District

* * *

92-20

SPECIAL BULK REGULATIONS

* * *

92-21

Special Floor Area Regulations

The underlying #floor area# regulations shall apply except as modified in this Section.

For #developments# or #enlargements# on #qualifying transit improvement sites#, a #floor area# bonus for #mass transit station# improvements may be granted by the City Planning Commission pursuant to the provisions of Section 66-51 (Additional Floor Area for Mass Transit Station Improvements). For the purposes of this paragraph, defined terms additionally include those in Section 66-11 (Definitions). In addition, a #floor area# bonus may be granted by the Commission pursuant to the provisions of Section 74-904 (Non-profit or voluntary hospitals in R9 or R10 Districts and certain Commercial Districts). No other #floor area# bonuses shall be permitted.

* * *

APPENDIX F

Mandatory Inclusionary Housing Areas and former Inclusionary Housing Designated Areas

MANHATTAN

* * *

Manhattan Community District 8

* * *

Map 3 – [date of adoption]



Mandatory Inclusionary Housing area

Area # — [date of adoption] MIH Option 1 and Option 2

Portion of Community District 8, Manhattan

* * *

The above resolution (N 250152 ZRM), duly adopted by the City Planning Commission on July 2, 2025 (Supplemental Calendar No. 2), is filed with the Office of the Speaker, City Council, and the Borough President, in accordance with the requirements of Section 197-d of the New York City Charter.

DANIEL R. GARODNICK, Esq., *Chair,*
KENNETH J. KNUCKLES, Esq., *Vice Chairman*
GAIL BENJAMIN, ALFRED C. CERULLO, III, Esq., ANTHONY W. CROWELL, Esq.,
JOSEPH I. DOUEK, DAVID GOLD, Esq., LEAH GOODRIDGE, Esq.,
RASMIA KIRMANI-FRYE, ORLANDO MARÍN,
JUAN CAMILO OSORIO, RAJ RAMPERSHAD, *Commissioners*



COMMUNITY/BOROUGH BOARD RECOMMENDATION

Project Name: Lenox Hill Hospital			
Applicant:	Northwell Health	Applicant's Primary Contact:	Melanie Meyers
Application #	250152ZRM	Borough:	
CEQR Number:	23DCP079M	Validated Community Districts:	M08

Docket Description:

Please use the above application number on all correspondence concerning this application

RECOMMENDATION: Conditional Unfavorable			
# In Favor: 23	# Against: 14	# Abstaining: 1	Total members appointed to the board: 38
Date of Vote: 4/9/2025 8:00 AM		Vote Location: https://www.cb8m.com/event/33784/	

Please attach any further explanation of the recommendation on additional sheets as necessary

Date of Public Hearing: 3/12/2025 6:00 PM	
Was a quorum present? Yes	<i>A public hearing requires a quorum of 20% of the appointed members of the board but in no event fewer than seven such members</i>
Public Hearing Location:	This hearing will be conducted hybrid in person and via Zoom. Memorial Sloan Kettering's Rockefeller Research Laboratories 430 East 67th Street (b/t First and York) https://www.cb8m.com/event/33781/

CONSIDERATION: see attached resolution

Recommendation submitted by	MN CB8	Date: 4/15/2025 10:32 AM
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Valerie S. Mason
Chair

Will Brightbill
District Manager



**The City of New York
Community Board 8 Manhattan**

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New York, N.Y. 10022-1106
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April 10, 2025

Daniel R. Garodnick, Chair
City Planning Commission
120 Broadway, 31st Floor
New York, NY 10271

Re: Lenox Hill Hospital (N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, and C250151ZMM)

Dear Chair Garodnick,

At the Land Use Meeting of Community Board 8 Manhattan held on Wednesday, April 9, 2025, the board approved the following resolution by a vote of 23 in favor, 14 opposed, 1 abstention, and 0 not voting for cause:

WHEREAS the Applicant, Lenox Hill/Northwell Health proposes a major expansion to its hospital on the block bordered by 76th and 77th Streets and Lexington and Park Avenues; and

WHEREAS the Applicant first proposed alterations to the campus in March of 2019 and few changes have been made to reflect community input following several meetings since that date; and

WHEREAS it is acknowledged that the Applicant needs to modernize certain aspects of the Lenox Hill Hospital campus; and

WHEREAS the proposed development will consist of a new tower on the Lexington Avenue portion of the site, a renovation to the Park Avenue portion of the site, and a mix of new and renovated construction in the midblock; and

WHEREAS the hospital plans to remain open throughout the projected nine year construction period; and

WHEREAS the Applicant proposes the following changes to the Zoning Resolution to accomplish the proposed development:

1. Zoning Map Amendments to rezone:
 - a. Only a 75% portion of the property's tax lot and zoning lot as follows:
 - i. The Lexington Avenue frontage of the Development Site from C1-8X to a C1-9 district; and
 - ii. The midblock of the Development Site from an R8B to a C1-8 district;
2. Zoning Text Amendment to:
 - a. Create a new special permit under ZR Section 74-904 (Non-profit or voluntary hospitals in R9 or R10 districts and certain Commercial Districts) pursuant to which the City Planning Commission may, for a development or enlargement predominantly for Use Group III(B) hospital use on a full-block zoning lot improved with an existing hospital use and located in R9 or R10 districts, or equivalent commercial districts, and partially within the Special Park Improvement District:

- i. permit a floor area increase of up to 20% for community facility use;
 - ii. allow such floor area bonus to be used in combination with a floor area bonus permitted by authorization in connection with mass transit station improvements pursuant to ZR Section 66-51; and
 - iii. permit modifications of applicable bulk regulations, provided that the amount of floor area located within the Special Park Improvement District not exceed 10.0 FAR;
 - b. amend ZR Section 66-513(a)(2) to allow a floor area bonus pursuant to Section 66-511 or 66-512 in combination with other floor area bonuses, to exceed 20 percent of the maximum floor area otherwise permitted on the zoning lot where explicitly allowed by a special permit of the Commission;
 - c. amend ZR Section 92-21 to allow the permitted floor area ratio 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; and
 - d. establish the portions of the Development Site within the new C1-9 and C1-8 districts as a Mandatory Inclusionary Housing ("MIH") area;
3. Zoning special permit pursuant to ZR Section 74-904 to permit a redevelopment of the Development Site predominantly for Use Group 4 non-profit hospital use with up to 1,034,471 square feet of floor area (12.5 FAR);
4. To permit up to 75% of the zoning lot to be programmed with hospital uses;
5. Zoning Authorization pursuant to ZR Section 66-511 to permit, as part of the total proposed 12.5 FAR, a floor area increase of up to 0.5 FAR in connection with improvements to the southbound platform of the 77th Street station of the Lexington Avenue subway line;
6. Zoning Certification pursuant to ZR Section 66-21 for a transit volume easement;
7. Zoning special permit modifying street wall, height, and setback and other bulk regulations; and

WHEREAS the existing development on the block comprises approximately 781,500 gross square feet and approximately 620,500 zoning square feet (FAR 7.5), which is in excess of the allowable zoning floor area under the current zoning (approximately 600,000 zoning square feet); and

WHEREAS the applicant proposes a development (both renovated and new construction) comprising approximately 1,390,000 gross square feet and 1,034,471 zoning square feet (FAR 12.5); and

WHEREAS the applicant claims a desperate need for an expansion of the improvements, but is not seeking to rezone the entirety of the zoning lot, omitting a 20,833 square foot portion of the zoning lot fronting along Park Avenue; and

WHEREAS the applicant's proposed effective FAR of 12.5 is unprecedented for a hospital campus in Manhattan as it exceeds the effective FAR of, at least, the following:

- a. St. Luke's Roosevelt / Mt. Sinai West at 424 10th Avenue
- b. Mt. Sinai Hospital and 1440 Madison Avenue
- c. New York Presbyterian 1176 York Avenue
- d. The proposed MSK development and existing campus on Blocks 1461 and 1462
- e. The David Koch hospital at 530 West 74th Street (MSK)
- f. NYU Langone
- g. Bellevue Hospital
- h. The VA hospital at 423 East 23rd Street
- i. CU Medical Center and Morgan Stanley Children's Hospital; and

WHEREAS the proposed development will feature one of two tower configurations on the Lexington Avenue portion of the site:

- A. A tower approximately 200 feet by 180 feet in ground plan and a height of 436 feet with an attached midblock portion on the 76th street side approximately 80 feet by 90 feet and a height of 210 feet; or
- B. A tower approximately 200 feet by 180 feet in ground plan and a height of 395 feet with an attached midblock portion on the 76th street side approximately 80 feet by 90 feet and a height of 360 feet; and

WHEREAS the existing hospital has 172 beds in single-bedded rooms and 278 beds in double-occupancy rooms (139 rooms) for a total of 450 beds, and the proposed hospital will have 475 single-bedded rooms (234 square feet each, exclusive of ADA bathroom and nurse's station); and

WHEREAS the proposed development will include an increased number (and size) of Operating Rooms, additional loading bays, interior ambulance bays, and an increase in the size of the Emergency Department which will be located on the Second Floor; and

WHEREAS the hospital will have its main entrance at the corner of 76th Street and Lexington Avenue, and a "Mother and Baby" entrance on Park Avenue; and

WHEREAS the proposal will provide an accessible entry to the Uptown platform of the Lexington Avenue Subway at 77th Street; and

WHEREAS the proposed zoning and proposed bulk for the Lexington Avenue portion of the site creates an imbalance of the floor area distribution across the site although spreading the proposed floor area equally across the site could produce a building about 250 feet tall; and

WHEREAS the proposed tower would be over twice the height of the tallest building permitted under the current zoning on Lexington Avenue, and its footprint, occupying the entire Lexington Avenue blockfront at its full height, is too massive and out of scale with the surrounding neighborhood; and

WHEREAS in order to build the proposed development, the applicant requires not only a change of zoning designation on three quarters of the entire site, but then must obtain permission for modification of height, setback and other bulk controls, selecting the most generous bulk and area regulations while seeking relief from those rules; and.

WHEREAS the massive tower will create a "canyon" shadow effect along Lexington Avenue and both side streets; and

WHEREAS the requested floor area bonus for Transit Improvement does not take into account the absence of accessible access to the Northbound IRT at 77th Street, which is an urgent need at this location; and

WHEREAS no real consideration has been given to the way that many patients arrive at the hospital – via public transportation or by car; and

WHEREAS no drop-off area is proposed, further obstructing traffic on Lexington Avenue, as the entrance to the hospital is located on the corner of Lexington and 76th Street, adjacent to a bus lane; and

WHEREAS the proposed entrance to the "Mother and Baby" hospital with no drop-off area on Park Avenue will also disrupt traffic on Park Avenue; and

WHEREAS the proposal requires ambulances and trucks to enter the hospital but are then forced to back out, twice crossing sidewalks on 77th and 76th Streets and disrupting both pedestrian and vehicular traffic; and

WHEREAS the small increase in hospital beds increases the height of the Lexington Avenue tower by at least one floor; and

WHEREAS the DEIS (Draft Environmental Impact Statement) failed to identify potential impact of this project (transportation, open space, water and sewer infrastructure, and neighborhood character) while identifying impacts that can, under the proposal have no real mitigation; and

WHEREAS despite comments to the contrary made by the applicant, common sense would indicate that a much larger hospital will need more staff to run it, increasing traffic in the immediate area; and

WHEREAS no parking is proposed for this development, despite a current lack of parking on the Upper East Side which may be exacerbated by congestion pricing; and

WHEREAS the proposed construction schedule, a result of maintaining operations at the hospital while it is substantially reconstructed, is too long; and

WHEREAS Saturday and late work permits will be requested throughout the construction period, disrupting normal activities for a generation of East Siders; and

WHEREAS no provisions have been identified for traffic disruption mitigation during construction; and

WHEREAS no provisions for unloading of building materials or possible additional lane closures for construction vehicles have been presented; and

WHEREAS the applicant assumes that construction workers will all arrive by subway or bus which is unrealistic; and

WHEREAS noise and dust and debris are unavoidable with any construction, but the length of construction time anticipated in this development proposal amplifies these issues beyond what is reasonable; and

WHEREAS construction activities on 77th Street will interfere with the arrival of ambulances and the functioning of the Emergency Department throughout the construction period; and

WHEREAS the working conditions within the hospital during construction will likely degrade patient care and at the very least inconvenience staff; and

WHEREAS the proposed decade of construction will upend our dense residential neighborhood: a thriving community filled with schools, houses of worship, small businesses, hotels and institutions cannot survive the noise, pollutants/dust, danger, traffic and overall chaos that will accompany construction of this magnitude; and

WHEREAS the delicate balance of the architecture on the narrowest avenue on the Upper East Side will be upset forever; and

WHEREAS the portion of the development site within the Park Improvement District will not be subject to Mandatory Inclusionary Housing, and could, at a later date, be split off from the proposed development and developed as of right as housing; and

WHEREAS the proposed 12.5 FAR for the Development Site represents the application of every available floor area bonus after a rezoning of the entire site to 10 FAR, increasing the overall size of the project by 250,000 zoning square feet; and

WHEREAS the Community Board acknowledges and agrees with Lenox Hill Hospital that it is in need of modernization and we have no objection to a temporary closing of the hospital during any construction period, to speed up the modernization of the hospital; and

WHEREAS the community has opposed the project through petitions (over 6000 signatures), written testimony for the Community Board Land Use Meeting in March (522 opposed with 164 in favor), and in-person testimony at the March Land Use Meeting (over 100 speakers); and

WHEREAS healthcare equity would indicate that the applicant's resources could be put to better use in other parts of the city which have been described as "Health Care Deserts"; and

THEREFORE, BE IT RESOLVED that this application is **DISAPPROVED** as presented **unless all of the following conditions are met:**

- A. Applicant commits to a maximum height of 215' uniformly across the entire zoning lot. No bonus mechanisms will allow any increase in height; and
- B. Applicant commits to either, but not both, of the Transit Improvement and Hospital Floor Area Bonuses requested by special permit (pursuant to ZR Section 74-904 and ZR Section 66-51); and
- C. Applicant commits to mapping the entirety of the zoning lot within an MIH district; and
- D. Applicant commits to an accessible entrance to BOTH Southbound and Northbound platforms of the IRT subway at the 77th Street Station; and
- E. Applicant commits to permanent hospital use on the entire zoning lot; and
- F. If Applicant sells the Park Avenue frontage for residential development, Applicant will notify the public and commit to allocating 5% of the sales price for transit improvements and other community benefits to be determined; and
- G. Applicant commits to provide parking (on-site or new off-site parking locations) to accommodate staff and patients/visitors; and
- H. Applicant commits to request NO After Hours Variance Permits in connection with this project without the prior approval of the Community Board.

Please advise our office of any action taken on this matter, and, of course, we remain available to discuss any of the conditions set forth in our resolution and continue a dialogue with the applicant.

Sincerely,

Valerie S. Mason

Valerie S. Mason
Chair

cc: Honorable Kathy Hochul, Governor of New York
Honorable Eric Adams, Mayor of the City of New York
Honorable Jumaane Williams, Public Advocate of the City of New York
Honorable Mark Levine, Manhattan Borough President
Honorable Jerry Nadler, 12th Congressional District Representative
Honorable Liz Krueger, NYS Senator, 28th Senatorial District
Honorable José M. Serrano, NYS Senator, 29th Senatorial District
Honorable Edward Gibbs, NYS Assembly Member 68th Assembly District

Honorable Alex Bores, NYS Assembly Member, 73rd Assembly District
Honorable Rebecca Seawright, NYS Assembly Member 76th Assembly District
Honorable Keith Powers, NYC Council Member, 4th Council District
Honorable Julie Menin, NYC Council Member, 5th Council District
Honorable Diana Ayala, NYC Council Member, 8th Council District
Dr. Daniel J. Baker, President, Lenox Hill Hospital



BOROUGH PRESIDENT RECOMMENDATION

Project Name: Lenox Hill Hospital	
Applicant: Northwell Health	Applicant's Administrator: Melanie Meyers
Application # 250152ZRM	Borough: Manhattan
CEQR Number: 23DCP079M	Validated Community Districts: M08

Docket Description:

Please use the above application number on all correspondence concerning this application

RECOMMENDATION: Conditional Favorable

Please attach any further explanation of the recommendation on additional sheets as necessary

CONSIDERATION:

Recommendation submitted by

MN BP

Date: 5/14/2025 6:18 PM



OFFICE OF THE

**MANHATTAN
BOROUGH PRESIDENT**

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Mark Levine, Borough President

May 14, 2025

**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;

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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

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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

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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

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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:

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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

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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

EXHIBIT E

CITY PLANNING COMMISSION

July 2, 2025 / Supplemental Calendar No. 3

C 250153 ZSM

IN THE MATTER OF an application submitted by Lenox Hill Hospital pursuant to Sections 197-c and 201 of the New York City Charter for the grant of a special permit pursuant to Section 74-904* of the Zoning Resolution to:

1. allow an increase in the maximum community facility floor area ratio by up to a maximum of 20 percent of the maximum floor area ratio otherwise permitted, and to allow such 20 percent maximum to be exceeded when used in combination with a floor area bonus permitted pursuant to Section 66-51 (Additional Floor Area for Mass Transit Station Improvements);
2. modify the height and setback regulations of Section 24-50 (HEIGHT AND SETBACK REGULATIONS), Section 33-40 (HEIGHT AND SETBACK REGULATIONS), and Section 92-20 (Special Bulk Regulations); and
3. modify the lot coverage regulations of Section 24-11 (Maximum Floor Area Ratio and Percentage of Lot Coverage) and 24-12 (Height and Application of Lot Coverage);

in connection with the proposed enlargement and renovation of an existing hospital and related facilities occupying an entire block, on property located at 100 East 77th Street (Block 1411, Lots 1 & 113), in R10, C1-8**, and C1-9** Districts, partially within the Special Park Improvement District (PI), Borough of Manhattan, Community District 8.

*Note: A zoning text amendment is proposed to create a new Section 74-904 (Non-profit or voluntary hospitals in R9 or R10 Districts and certain Commercial Districts) under a concurrent related application (N 250152 ZRM).

**Note: Portions of the site are proposed to be rezoned by changing from existing R8B and C1-8X Districts to C1-8 and C1-9 Districts under a concurrent related application for a Zoning Map change (C 250151 ZMM).

This application for a zoning special permit pursuant to Section 74-904 of the Zoning Resolution (ZR) was filed by Lenox Hill Hospital on January 2, 2025. This application, in conjunction with the related applications, would facilitate the redevelopment and enlargement of Lenox Hill Hospital, located at 100 East 77th Street (Block 1411, Lots 1 and 113), in the Lenox Hill neighborhood of Manhattan, Community District 8.

RELATED ACTIONS

In addition to the zoning special permit (C 250153 ZSM) that is the subject of this report, the proposed project also requires action by the City Planning Commission (CPC) on the following actions, which are being considered concurrently with this application:

C 250151 ZMM Zoning map amendment to change an R8B district to a C1-8 district and a C1-8X district to a C1-9 district.

N 250152 ZRM Zoning text amendment to create a new hospital special permit to facilitate a floor area increase of up to 20 percent for non-profit hospital use, allow such floor area bonus to be used in conjunction with a transit improvement bonus, permit modifications of applicable bulk regulations, and designate a Mandatory Inclusionary Housing (MIH) area.

N 250154 ZAM Zoning authorization to enable a floor area increase from proposed subway station improvements.

BACKGROUND

This application (C 250153 ZSM) would facilitate the expansion and modernization of the century-old Lenox Hill Hospital campus at its historic Upper East Side location occupying a full city block (Block 1411, Lots 1 and 113). The complex of buildings on the eastern half of the block would be demolished for a new hospital building with larger, more efficient floorplates to accommodate new single-bed patient rooms, state-of-the-art operating rooms, an expanded emergency department, and new ambulance and loading bays. The buildings on the western half of the block would be renovated to seamlessly connect with the new hospital building and accommodate improvements to the hospital's labor and delivery department along with additional patient and operating facilities. The proposed hospital program would fit within a 12.5 floor area ratio (FAR) building containing approximately 1,034,000 square feet of floor area. The proposed development would also facilitate transit improvements at the 77th Street subway station, including increased stair

capacity, an ADA-accessible elevator, improved pedestrian circulation, and a new covered entrance.

The area surrounding the development site is mapped with high-density residential and commercial districts along the avenues and wide crosstown streets. Only Third Avenue is zoned with a non-contextual district, a C1-9 district. Other major thoroughfares have height and bulk controls through C1-8X or R10A contextual zoning districts or special districts mapped over non-contextual R10 or C5-1 districts that mandate height limits. Midblock sections of narrow streets are mapped with contextual medium-density R8B districts.

In 1973, the Special Park Improvement District (PI) was mapped over the R10 district along Park Avenue and along Fifth Avenue (CP-22240), which enacted street wall requirements and height limit of 300 feet or 25 stories intended to maintain the architectural quality and continuity of existing buildings fronting on Fifth and Park avenues and created a floor area bonus available through contributions into a fund to improve the Park Avenue medians and Central Park, or provisions of a plaza, plaza-connected open area or arcade. In 1982, following the 1981 designation of the East Side Historic District by the Landmarks Preservation Commission, the Commission approved a zoning text amendment that, among other things, removed the floor area bonus mechanisms and reduced the maximum building height to 210 feet or 19 stories (N 820188(A) ZRM). Most recently, the Commission adopted a zoning text amendment known as “City of Yes for Housing Opportunity” (CHO) which increased the building height to 215 feet or 19 stories and 235 feet for Universal Affordability Preference (UAP) or MIH developments (N 240290 ZRY). R10 districts allow a maximum 10.0 FAR for community facility and market-rate residential uses and 12.0 FAR for UAP developments. No commercial uses are permitted.

In 1983, the depth of the R10 district and PI district from Park Avenue was reduced by 25 feet, and the midblock R8 district was extended by the same amount towards Park Avenue (C 830111 ZMM). Under the same action, the Lexington Avenue frontage was rezoned to a C1-8A district, which established a contextual building envelope with mandatory street wall location and setback requirements. But in 1984, the C1-8A district was replaced with a newly-created C1-8X district,

which maintained the contextual building envelope with mandatory street wall location and setback requirements and established a reduced sky exposure plane regulation controlling building heights along Lexington Avenue (N 840235 ZRY and C 840364 ZMM). The CPC subsequently approved zoning text amendments to modify the contextual building envelope to establish a maximum height limit in contextual and non-contextual zoning districts, including the C1-8X and R8B districts (N 870197(A) ZRY and N 940257 ZRY). CHO further amended the contextual building envelope, and along wide streets like Lexington Avenue, the minimum base height for C1-8X districts is 105 feet, the maximum base height is 125 feet (155 feet for UAP developments), and the maximum building height is 175 feet (215 feet for UAP developments). The C1-8X district permits 2.0 FAR for commercial uses, a maximum of 9.0 FAR for community facility and market-rate residential uses, and 10.8 FAR for UAP developments.

In 1985, the R8 district initially mapped on the midblocks in 1961 was rezoned to an R8B district (C 850539 ZMM). In 1986, the CPC approved a zoning text amendment to increase the permitted FAR for community facility uses in R8B districts to 5.1 FAR (N 860470 ZRM). As amended by CHO, R8B districts facilitate a minimum base height of 55 feet, a maximum base height of 65 feet (85 feet for UAP developments), and a maximum height of 75 feet (95 feet for UAP developments). To the west of Lexington Avenue, a Limited Height District is also mapped within all midblock sections excluding the development site and the northern frontage of East 77th Street between Lexington and Park avenues. Within the Limited Height District, the maximum permitted building height is 60 feet, excluding UAP or MIH developments. R8B permits 4.0 FAR for market-rate residential uses, increasing to 4.8 FAR for UAP developments and no commercial uses are permitted.

C1-9 districts mapped along Third Avenue permit a maximum FAR of 10.0 for community facility and market-rate residential uses, while up to 12.0 FAR is allowed for UAP developments. A maximum of 2.0 commercial FAR is permitted, facilitating offices and a range of neighborhood commercial uses.

C5-1 districts, mapped along Madison Avenue, permit a maximum of 10.0 FAR for community facility and market-rate residential uses and 12.0 FAR for UAP developments. A maximum of 4.0 commercial FAR is allowed for a variety of uses. All C5-1 districts in the surrounding area overlap with the Special Madison Avenue Preservation District (CP-22493), which mandates the height requirements of C5-1A districts should apply. As amended by CHO, base heights between 125 and 155 feet and a maximum height of 215 feet are allowed, although Section 99-22 specifies that all stories located completely above a height of 170 feet shall not exceed 80 percent of the gross area of the immediately preceding story. This provision does not apply to UAP or MIH developments, which maintain a maximum height of 235 feet without additional restrictions.

The surrounding area is primarily residential and has a variety of building typologies, with density concentrated on the avenues and major cross streets. To the west and north along Park Avenue, Madison Avenue, and East 79th Street, pre-war masonry buildings with high street walls up to 150 feet tall abound. Many of these buildings have community facility uses, primarily doctor's offices, on the ground floor. The blocks to the west vary in height from low-rise townhomes to mid-rise multifamily buildings and include the prominent 40-story Carlyle Hotel. The blocks to the north include low-scale, predominantly residential buildings on narrow lots as well as 14- to 21-story residential buildings along the south side of East 79th Street. To the east, on Lexington and Third avenues, typologies and uses are more varied, featuring five-story mixed-use walk-ups alongside taller, more contemporary apartment buildings. Ground floor commercial uses on Lexington Avenue primarily consist of restaurants along with clothes and accessory shops, while Third Avenue features a wider range of neighborhood services and retail.

An expansive assortment of community facility uses are present in the surrounding area. Many sites are affiliated with the applicant for medical uses related to Lenox Hill Hospital, including offices and labs directly to the south of the development site on East 76th Street and east of the development site on East 77th Street between Third and Lexington avenues. The applicant also controls three low-rise buildings directly to the north of the development site on East 77th Street that are intended to be redeveloped as-of-right for hospital support functions. Medical offices for independent practitioners are concentrated along Park Avenue. Nearby religious institutions are

concentrated to the south of the development site and include the Eighth Church of Christ, Scientist, St. Jean Baptiste Church, Temple Israel of the City of New York, and Episcopal Church of the Resurrection. Private schools in the surrounding area are predominately located on midblocks and include the Ramaz School Upper School, the Allen-Stevenson School, the Hewitt School, St. Jean Baptiste High School, Resurrection Episcopal Day School, and the Sephardic Academy of Manhattan.

Open space in the area consists of Central Park, located two blocks to the west of the development site and a tennis facility on East 75th Street between Second and Third avenues. The garden of Eighth Church of Christ, Scientist, to the immediate north, is also intermittently open to the public.

The area is well served by public transportation. At the intersection of Lexington Avenue directly to the east of the development site lies the 77th Street subway station, where the 6 train provides service throughout the east side of Manhattan and north to the Bronx. The nearest fully accessible subway station, the 72nd Street station, lies approximately seven blocks southeast of the development site where the Q train provides service to Midtown Manhattan and Brooklyn. Nearby east-west local buses include the M79 Select Bus Service along East 79th Street and the M72 along East 72nd Street, which both connect to the Upper West Side. North-south local bus lines run along all nearby avenues except Park Avenues. The M98, M101, M102, and M103 run along Third and Lexington avenues and serve neighborhoods spanning from the Financial District to Washington Heights. Further west, the M1, M2, M3, and M4 run along Madison and Fifth avenues, spanning from SoHo north to Washington Heights. Third, Lexington, Madison, and Fifth avenues also host 11 express buses which extend north to the Bronx. The nearest CitiBike bike share stations are located at the intersections of Park Avenue and East 76th Street along with Third Avenue and East 77th Street.

The development site is bounded by East 77th Street to the north, East 76th Street to the south, Park Avenue to the west, and Lexington Avenue to the east, and is in the Lenox Hill neighborhood of Manhattan Community District 8. It comprises two privately owned lots at 100 East 77th Street (Block 1411, Lot 1) and 1080 Lexington Avenue (Block 1411, Lot 113) with a total lot area of

82,758 square feet. The two lots are improved with ten buildings developed between the late 1800s and early 1970s. The buildings have been interconnected to operate as the Lenox Hill Hospital, which has a total of 620,500 square feet of zoning floor area or about 7.5 FAR.

Four existing buildings occupy the Lexington Avenue frontage. Two four-story brownstones, which were constructed in the late 1800s, are located at the intersection of Lexington Avenue and East 76th Street. The Lexington Avenue midblock is improved with the Achelis Building, a nine-story building that was constructed between 1884 and 1917, while the intersection of Lexington Avenue and East 77th Street is occupied by Black Hall, a 13-story building constructed in 1963. The sidewalk width on Lexington Avenue is narrow, 12 feet, and there are no public hospital entrances on this frontage.

On East 77th Street, a public entrance to the hospital is located near the intersection with Lexington Avenue, adjacent to an existing sidewalk stair for the 77th Street subway station. The midblock of the East 77th Street frontage is improved with the Lachman Building, a 12-story building built in 1966 which provides the public entrance to the hospital's emergency department, including the entrance for patients arriving by ambulance. As the existing complex does not include off-street ambulance bays, East 77th Street is used by necessity for ambulance parking and unloading, with patients transported across the public sidewalk to the hospital entrance. The Wollman Building, a 12-story building constructed in 1959, occupies the intersection of the East 77th Street and Park Avenue frontage. It was constructed pursuant to a variance from the Board of Standards and Appeals (BSA) granted in 1958 (Cal. No. 582-29-II-BZ) to allow the street wall heights along East 77th Street to exceed then-applicable regulations and match those provided along Park Avenue. A third public entrance to the hospital on East 77th Street is found in the Wollman Building.

The remainder of the Park Avenue frontage is occupied by the Uris building, which was granted a variance for bulk and special permit for height and setback from the BSA in 1970 (Cal. No. 287-70-BZ) and further modified in 1972. This building includes a low-rise, one- to three-story portion at the midblock, a 12-story portion just north of the intersection with East 76th Street, and a two-story, approximately 10-foot-wide portion at the southwest corner of the site. The East 76th Street

portion of this building includes the entrance to the hospital's existing loading facility, which is limited to three bays and is undersized for the trucks necessary to serve the needs of a contemporary hospital. The Park Avenue frontage of the hospital includes minimal ground floor transparency and no public entrances. There are three additional buildings fronting on East 76th Street. Closest to Park Avenue is the West Building, a ten-story building constructed in 1913 that features a staff entrance on the ground floor. The midblock hosts the Main/East Building, which was constructed later in 1931 pursuant to a BSA variance granted in 1929 (Cal. No. 582-29-BZ), which allowed a maximum street wall height of 141 feet to match the adjacent West building's street wall. The East Building section rises to 13 stories, while the Main Building portion rises to 11 stories. Closest to Lexington Avenue lies the Einhorn Building, a three-story building constructed in 1931.

The development site is currently mapped with three zoning districts. The Lexington Avenue frontage, to a depth of 100 feet, is mapped with a C1-8X district. The Park Avenue frontage, to a depth of 100 feet, is mapped with an R10 district within the PI district. Finally, the midblock is mapped with an R8B district.

Proposed Development

The proposed development for Lenox Hill Hospital includes two project components. On the eastern portion of the block, the proposed development would involve the demolition of several existing structures, including the brownstones, Black Hall, Achelis, and Einhorn buildings, and portions of the Main/East and Lachman buildings. These demolitions would facilitate the construction of a new hospital building along Lexington Avenue extending into parts of the midblock. The new hospital building would include a podium rising to approximately 195 feet in height, containing a double-height entrance lobby, an expanded emergency department, industry-standard operating rooms, single-bedded patient rooms, diagnostic and support services, and mechanical spaces. To accommodate ongoing hospital operation, buildings on the western portion of the block, including the Wollman, Uris, and West buildings, would be retained and renovated, with internal connections integrating the new and existing buildings.

Above the podium, the applicant is proposing two options for the new hospital building known as “Envelope 1” and “Envelope 2” to maximize flexibility. Under both envelopes, the tallest section of the new hospital building would rise to within 180 feet of Lexington Avenue. There would be 10-foot setbacks from Lexington Avenue, East 77th Street, and East 76th Street.

Envelope 1 would allow the new hospital building to rise to a maximum height of 436 feet, including mechanical bulkheads. Under this option, the midblock portion of the structure extending toward East 76th Street would be limited to a maximum height of 210 feet, consistent with the existing building heights on that portion of the site.

Envelope 2 proposes a shorter structure along the Lexington Avenue frontage, with a maximum height of 395 feet inclusive of mechanical bulkheads. To accommodate the height reduction along Lexington Avenue, this envelope would allow for increased height on the midblock portion, with a maximum height of 360 feet.

The proposed development would result in a total floor area of 1,034,471 square feet, including approximately 1,031,971 square feet of hospital use and up to 2,500 square feet of ground-floor commercial use, which is anticipated to be used for a pharmacy. Of this total, 600,662 square feet would be located within the new building, while 433,809 square feet would be accommodated within the retained and renovated buildings. The proposed 12.5 FAR hospital development would include an increase of approximately 5.0 FAR, or approximately 414,000 square feet, over the floor area currently existing on the site.

The existing hospital currently provides 450 beds within a mix of 172 single-bedded rooms and 139 double-bedded rooms, averaging approximately 130 square feet per patient. The proposed development would provide 475 single-bedded rooms, each averaging approximately 360 square feet. The number of operating rooms would increase from 25 to 30, with the average room size expanding from approximately 300 square feet to approximately 900 square feet. A new, dedicated entrance for the labor and delivery department would be located on the Park Avenue frontage.

Both the main hospital entrance and the emergency department entrance would be located on the Lexington Avenue frontage with a staff entrance on the East 77th Street frontage.

The proposed development would also address long-standing issues related to curbside emergency vehicle access and loading by introducing six on-site ambulance bays on East 77th Street and four new on-site loading berths on East 76th Street.

The proposal would also include improvements to the southbound portion of the Lexington Avenue–77th Street subway station, including the replacement of existing stairways with wider 15’-4” stairs to increase capacity by 50 percent, additional circulation space and weather protection by setting the new covered station entrance back from the street, improved lighting and security systems, and installation of a new elevator from street to mezzanine level as well as an accessible ramp from mezzanine to platform. These improvements would result in full ADA accessibility for the southbound platform. A transit easement of approximately 1,593 square feet at the southwest corner of Lexington Avenue and East 77th Street would facilitate these improvements and is the subject of a separate Chairperson’s certification (N 250155 ZCM).

Requested Actions

Zoning Map Amendment (C 250151 ZMM)

A zoning map amendment is proposed on portions of the development site to facilitate the proposed hospital buildings. The Lexington Avenue frontage to a depth of 100 feet would be changed from a C1-8X zoning district to a C1-9 zoning district, and the midblock R8B zoning district would be changed to a C1-8 zoning district.

C1-9 districts permit a maximum community facility FAR of 10.0, a maximum residential MIH FAR of 12.0, and a maximum commercial FAR of 2.0. C1-8X and C1-9 districts permit the same range of uses, but unlike C1-8X districts, C1-9 districts are non-contextual. The proposed rezoning to a C1-9 district would increase the permitted community facility floor area by 1.0 FAR along the Lexington Avenue frontage.

C1-8 districts permit a maximum community facility FAR of 10.0, a maximum residential MIH FAR of 9.02, and a maximum commercial FAR of 2.0. Unlike R8B districts, C1-8 districts permit a wide range of commercial uses and are non-contextual. The proposed rezoning to C1-8 would increase the permitted community facility floor area from 5.10 FAR to 10 FAR in the midblock portion of the development site.

The proposed rezoning to C1-8 and C1-9 districts would facilitate 10.0 FAR for community facility use across the entire development site, increasing the base permitted community facility floor area by approximately 225,693 square feet to 827,577 square feet

Zoning Text Amendment (C 250152 ZRM)

The applicant is requesting a zoning text amendment to establish a new special permit under ZR Section 74-904 (Non-profit or voluntary hospitals in R9 or R10 Districts and Certain Commercial Districts), specifically for existing non-profit or voluntary hospitals located within R9 and R10 zoning districts and their commercial equivalents, including sites partially within the PI. The proposed text would allow the Commission to modify floor area and bulk regulations to facilitate hospital redevelopment projects that provide significant public benefits.

Pursuant to the proposed Section 74-904, the Commission would be authorized to permit an increase of up to 20 percent in community facility floor area, which may be increased beyond 20 percent when combined with floor area bonus for qualifying transit improvements pursuant to ZR Section 66-51(Additional Floor Area for Mass Transit Station Improvements). The special permit would be subject to conditions, including that at least 75 percent of the development or enlargement must be dedicated to hospital use, that any bonus floor area generated from the special permit must be used exclusively for hospital purposes, and that floor area on portions of the zoning lot within the PI shall not exceed an FAR of 10.0. Findings for the special permit include the provision of significant public benefit, improved site planning, and a satisfactory urban design relationship with adjacent buildings and open areas.

The proposed text amendment would also modify related provisions of the Zoning Resolution to implement the new special permit. Specifically, Section 66-513 (Additional rules and limitations, conditions, findings and requirements) would be amended to allow a transit improvement bonus to exceed 20 percent of base floor area where authorized by special permit. Section 92-21 (Special Floor Area Regulations) would be amended to clarify that bonus floor area pursuant to Section 74-904 is permitted within the PI.

Additionally, the text amendment would amend Appendix F to map the portions of the development site proposed to be rezoned as an MIH area in Community District 8, designating MIH Options 1 and 2. Pursuant to MIH Option 1, any future development is required to provide 25 percent of the residential floor area as permanently income-restricted housing at 60 percent AMI or lower. Pursuant to MIH Option 2, any future development is required to provide 30 percent of the residential floor area as permanently income-restricted housing at 80 percent AMI or lower.

Zoning Special Permit (C 250153 ZSM)

The applicant is requesting a zoning special permit pursuant to the proposed ZR Section 74-904, as established by the related text amendment (N 250152 ZRM). The special permit would allow for a 2.0 FAR increase in permitted community facility floor area and enable modifications to various bulk controls, including front wall height and location, setback controls, sky exposure plane regulations, and community facility lot coverage.

Height and Setback Regulations of Section 33-40 (HEIGHT AND SETBACK REGULATIONS)

The new hospital building on the eastern portion of the site would require various height and setback modifications to Section 33-40 (HEIGHT AND SETBACK REGULATIONS) through the special permit. ZR Section 33-432 prescribes maximum front wall heights of 85 feet or six stories, whichever is less, setbacks of 15 feet from wide streets and 20 feet from narrow streets, and a sky exposure plane of 2.7:1 along narrow streets and 5.6:1 along wide streets. Both Envelope 1 and Envelope 2 would allow front wall heights up to 195 feet and setbacks of 10 feet from both narrow and wide streets. The building would also penetrate the sky exposure plane, up to a height of 395 feet in Envelope 1 and up to 436 feet in Envelope 2.

Height and Setback Regulations of Sections 24-50 (HEIGHT AND SETBACK REGULATIONS) and 92-20 (Special Bulk Regulations)

Special permit modifications to height, setback and sky exposure planes would also facilitate compliance for the Lachman, Wollman, Uris, West, and Main/East buildings across the western portion of the site proposed to be renovated along with some bulk expansions. Within 50 feet of Park Avenue, Section 92-22 (Mandatory Front Building Walls Along Certain Street Lines) outlines that front walls must rise between 125 and 150 feet. Further than 50 feet from Park Avenue, the maximum height for street walls is the lesser of 85 feet or 9 stories within R10 districts pursuant to Section 24-522 (Front setbacks in districts where front yards are not required) and the lesser of 85 feet or 6 stories within the midblock C1-8 district pursuant to Section 33-432 (In other Commercial Districts). Additionally, Sections 92-22(a) and 33-432 prescribe setbacks of 10 feet, increasing to 20 feet further than 50 feet from Park Avenue, along with a sky exposure plane of 2.7:1 along C1-9 sections of the midblock. The special permit would facilitate streets walls ranging in height from 0 feet to 175 feet, setbacks ranging from 0 to 32 feet, and sections of the midblock building to pierce the sky exposure plane. These modification would accommodate the existing buildings developed pursuant to previous zoning regulations or BSA action while also allowing for additions such as the labor and delivery entrance along Park Avenue.

Lot coverage regulations of Sections 24-11 (Maximum Floor Area Ratio and Percentage of Lot Coverage) and 24-12 (Height and Application of Lot Coverage)

Within both proposed envelopes, the special permit would facilitate a community facility lot coverage of approximately 97.3 percent above 23 feet in height within the R10 district, exceeding the 75 percent corner and 65 percent interior lot coverage limits established in Sections 24-11 and 24-12.

Zoning Authorization (N 250154 ZAM)

The applicant requests a zoning authorization pursuant to ZR Section 66-511 (Additional floor area for mass transit station improvements by authorization) to permit a floor area increase of 0.5 FAR (41,379 square feet) in connection with the proposed improvements to the southbound

platform of the 77th Street subway station. These improvements would increase capacity and accessibility on a heavily used subway corridor and have been designed in consultation with the Metropolitan Transportation Authority (MTA). In connection with this authorization, the applicant is also seeking a Chairperson certification (N 250155 ZCM) pursuant to ZR Section 66-21 (Determination and Certification for Transit Volume) with respect to a transit volume encompassing the mass transit station improvements to be constructed.

ENVIRONMENTAL REVIEW

This application (C 250153 ZSM), in conjunction with the related actions, was reviewed pursuant to the New York State Environmental Quality Review Act (SEQRA) and the SEQRA regulations set forth in Volume 6 of the New York Code of Rules and Regulations, Section 617.00 *et seq.* and the City Environmental Quality Review (CEQR) Rules of Procedure of 1991 and Executive Order No. 91 of 1977. The lead is the City Planning Commission. The designated CEQR number is 23DCP079M.

It was determined that this application, in conjunction with the applications for the related actions, may have a significant effect on the environment, and that an Environmental Impact Statement (EIS) would be required. A Positive Declaration was issued on January 30, 2023, and subsequently distributed, published, and filed. Together with the Positive Declaration, a Draft Scope of Work for the Draft Environmental Impact Statement (DEIS) was issued on January 30, 2023. A public scoping meeting was held on March 2, 2023, and the Final Scope of Work was issued on January 31, 2025.

A DEIS was prepared and a Notice of Completion for the DEIS was issued on January 31, 2025. On May 16, 2025, a Technical Memorandum (“Technical Memorandum 001”) was issued to address two recent City policy changes that occurred since the preparation of the DEIS: New York City's implementation of the Central Business District (CBD) Tolling Program; and the New York State Department of Environmental Conservation's proposed legislation requiring an evaluation as part of the State Environmental Quality Review Act (SEQRA) process of whether an action may cause or increase a disproportionate pollution burden on a disadvantaged community.

Pursuant to SEQRA regulations and the CEQR procedure, a joint public hearing was held on May 21, 2025, in conjunction with the public hearing on the related Uniform Land Use Review Procedure items (C 250151 ZMM and C 250153 ZSM). A Final Environmental Impact Statement (FEIS) reflecting comments made during the public review process was completed, and a Notice of Completion for the FEIS was issued on June 20, 2025. Significant adverse impacts related to hazardous materials, air quality and noise would be avoided through the placement of (E) designation (E-777) on the project sites as specified in Chapters 8, 11, and 13, respectively of the FEIS.

The application, as analyzed in the FEIS, contained Project Components Related to the Environment (PCREs), which are set forth in Chapter 16 “Construction.” To ensure the implementation of the PCREs, the applicant would enter into a Restrictive Declaration at the time of the approval of land use-related actions and prior to the issuance of any permits.

The proposed project as analyzed in the FEIS identified significant adverse impacts with respect to shadows and construction (noise). The identified significant adverse impacts and proposed mitigation measures under the proposed actions are summarized in Chapter 18, “Mitigation,” of the FEIS. The significant adverse impacts that would not be fully mitigated are summarized in Chapter 19, “Unavoidable Adverse Impacts,” of the FEIS. To ensure the implementation of the mitigation measures identified in the FEIS, the mitigation measures are included in the Restrictive Declaration.

UNIFORM LAND USE REVIEW

This application for a zoning special permit (C 250153 ZSM) and the related application for a zoning map amendment (C 250151 ZMM) was certified as complete by the Department of City Planning on February 3, 2025, and duly referred to Manhattan Community Board 8 and the Manhattan Borough President in accordance with Title 62 of the Rules of the City of New York, Section 2-02(b), along with the related applications for a zoning text amendment (N 250152 ZRM) and zoning authorization (N 250154 ZAM) which were referred in accordance with the procedures

for non-ULURP matters.

Community Board Review

Manhattan Community Board 8 held a public hearing on this application (C 250153 ZSM) along with the related applications for a zoning map amendment (C 250151 ZMM), zoning text amendment (N 250152 ZRM), and zoning authorization (N 250154 ZAM) on March 12, 2025, and on April 9, 2025, by a vote of 23 in favor, 14 opposed, and one abstaining adopted a resolution recommending disapproval of the application with the following conditions.

- “A. Applicant commits to a maximum height of 215’ uniformly across the entire zoning lot. No bonus mechanisms will allow any increase in height; and
- B. Applicant commits to either, but not both, of the Transit Improvement and Hospital Floor Area Bonuses requested by special permit (pursuant to ZR Section 74-904 and ZR Section 66-51); and
- C. Applicant commits to mapping the entirety of the zoning lot within an MIH district; and
- D. Applicant commits to an accessible entrance to BOTH Southbound and Northbound platforms of the IRT subway at the 77th Street Station; and
- E. Applicant commits to permanent hospital use on the entire zoning lot; and
- F. If Applicant sells the Park Avenue frontage for residential development, Applicant will notify the public and commit to allocating 5% of the sales price for transit improvements and other community benefits to be determined; and
- G. Applicant commits to provide parking (on-site or new off-site parking locations) to accommodate staff and patients/visitors; and
- H. Applicant commits to request NO After Hours Variance Permits in connection with this project without the prior approval of the Community Board.”

Borough President Recommendation

On May 14, 2025, the Manhattan Borough President issued a recommendation on this application (C 250153 ZSM) along with the related applications for a zoning map amendment (C 250151 ZMM), zoning text amendment (N 250152 ZRM), and zoning authorization (N 250154 ZAM), to approve the application 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:

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.”

City Planning Commission Public Hearing

On May 7, 2025, (Calendar No. 7), the City Planning Commission scheduled May 21, 2025, for a public hearing on this application (C 250153 ZSM) and the related actions for a zoning map amendment (C 250151 ZMM), and zoning text amendment (N 250152 ZRM). The hearing was duly held on May 21, 2025 (Calendar No. 14). Twenty-four speakers testified in favor of the application, and 46 were in opposition.

The applicant team, comprising four applicant representatives, testified in favor of the application, providing an overview of the proposed project and answering Commission questions. They emphasized how the project would help meet the programmatic needs of the hospital to modernize

and provide optimal patient care in a purpose-built facility that meets industry standards. The team described the spatial and mechanical needs for operating rooms, single-occupancy patient rooms, an expanded emergency department, an off-street ambulance bay, and expanded loading berths. The team also highlighted how both the programmatic improvements would enable the hospital to continue to provide world-class healthcare services and the transit improvements to the 77th Street subway station included in the proposed development would provide a significant public benefit to the Lenox Hill neighborhood and the overall New York City community.

Twenty speakers testified in favor of the application. Community advocacy group Association for a Better New York (ABNY), the New York Professional Nurses Union, and hospital staff, many of whom are also local residents, emphasized the critical need to invest in long-term public health infrastructure and to modernize outdated hospital infrastructure, citing undersized patient rooms and an overcrowded emergency department. Hospital staff, including nurses, physicians, and administrators, highlighted the importance of expanding single-bedded patient rooms, enlarging operating rooms, and improving infection prevention measures. They described first-hand challenges working in the existing facility and viewed the proposed redevelopment as essential for maintaining quality care and patient dignity.

Representatives from labor unions and trade groups, including Local 79, Local 3 IBEW, New York City District Council of Carpenters, and the Building Trades Employers Association, spoke in favor of the project citing the creation of union construction jobs and improved working conditions for hospital staff. Several speakers also highlighted the proposed transit improvements at the 77th Street subway station, noting enhanced ADA access and pedestrian circulation.

Forty-six speakers testified in opposition to the application. These included several local residents, community advocacy groups, preservation advocates, and representatives of Community Board 8. Community groups who testified in opposition included Friends of the Upper East Side, New York Landmarks Conservancy, Protect Our Lenox Hill Neighborhood, the City Club of NY, and Civitas. A number of speakers opposed to the proposed project cited concerns about its size, height, and density. Many residents and advocacy organizations expressed that the scale of the

development would overwhelm the surrounding low- to mid-rise residential context, particularly along Lexington Avenue and the midblocks. Several speakers argued that the proposed tower would cast shadows, reduce sunlight access, and negatively affect neighborhood character.

Many questioned the necessity of the floor area increase given the limited net gain in patient beds and expressed skepticism over whether the project's public benefits justified the requested zoning relief. Speakers cited concerns about the nine-year construction timeline and its potential impact on air quality, traffic, small businesses, and overall quality of life. Others called for upgrades within the existing buildings, or a new hospital building capped at a maximum height of 215 feet, or at an alternative site. Some also raised broader equity concerns about prioritizing healthcare investment in the Upper East Side, an area well-served by hospitals, over other underserved areas of the city. Several speakers, including Community Board 8 representatives, stated that their support would be contingent on meeting conditions outlined in Community Board 8's resolution.

There were no other speakers, and the hearing was closed.

The Commission also received approximately 500 written testimonies. Written testimony in opposition came primarily from local residents and community groups, echoing concerns raised during the hearing about project scale, construction impacts, and the project's alignment within the context of the neighborhood.

CONSIDERATION

The Commission believes that this application for a zoning special permit (C 250153 ZSM), in conjunction with the related actions for a zoning map amendment (C 250151 ZMM), zoning text amendment (N 250152 ZRM), and zoning authorization (N 250154 ZAM) is appropriate.

The proposed development will facilitate the redevelopment and enlargement of Lenox Hill Hospital, a long-standing healthcare institution located on the Upper East Side of Manhattan. The hospital is an anchor institution that plays a critical role in providing healthcare access to both the local and greater New York City community. It currently operates in a series of interconnected

buildings constructed between the late 19th and mid-20th centuries that do not meet current industry standards for hospital infrastructure, with undersized and shared patient rooms, limited operating space, and insufficient emergency room capacity. These spatial limitations have a significant impact on the hospital's ability to provide quality care affecting patient privacy, infection control, and operational efficiency. The Commission acknowledges the need to modernize the campus to support the delivery of high-quality medical care in a purpose-built facility that meets industry standards.

The proposed development will increase hospital capacity and modernize facilities by renovating and replacing outdated infrastructure with a new facility that includes an expanded emergency department, modern surgical suites, and single-bedded patient rooms. The proposal includes two zoning envelope options for the new hospital building along Lexington Avenue, rising to maximum heights of 395 or 436 feet. In total, the proposed development will contain approximately 1.03 million square feet, including hospital and limited accessory commercial use, resulting in an increase of approximately 414,000 square feet of floor area on the development site. The proposed develop will also include on-site ambulance bays, loading facilities, and public transit improvements at the adjacent Lexington Avenue–77th Street subway station.

The Commission believes the proposed actions are appropriate and support the continued operation of a critical healthcare facility while delivering public benefits through transit accessibility, improved patient care, and modernized infrastructure.

Zoning Map Amendment (C 250151 ZMM)

The Commission believes that the proposed zoning map amendment is appropriate. The proposed action will change the zoning along the Lexington Avenue frontage from C1-8X to C1-9 and the midblock portion from R8B to C1-8. The proposed commercial districts allow for greater community facility FAR and remove contextual height limits. The C1-9 and C1-8 districts will allow for a maximum community facility FAR of 10.0, which is already permitted on the Park

Avenue frontage of the block and can better accommodate the programmatic needs of the hospital. The development site is a full city block with frontages on two wide streets and is located in an area characterized by a range of building densities and typologies, including other similarly scaled community facility and commercial buildings along the avenues. The proposed zoning will result in a zoning framework that better reflects existing and proposed conditions on this block.

During public review, the Commission heard testimony suggesting that Lenox Hill Hospital consider relocating or distributing its proposed program elsewhere in the city. The Commission notes, however, that the hospital is situated within a well-established medical ecosystem with proximity to medical offices, outpatient clinics, and healthcare providers. Lenox Hill has longstanding relationships with these surrounding institutions and specialists, and maintaining proximity is essential to supporting coordinated patient care, efficient clinical operations, and continuity of service. Expanding in place allows Lenox Hill to build on its existing infrastructure, retain access to affiliated providers, and remain a key healthcare anchor within the neighborhood.

Zoning Text Amendment (N 250152 ZRM)

The Commission believes that the proposed zoning text amendment is appropriate. The text amendment will establish a new special permit under ZR Section 74-904 for non-profit or voluntary hospitals in R9 or R10 districts and their commercial equivalents, where sites are partially located within the Special Park Improvement District. The new special permit will allow additional community facility floor area and bulk modifications where necessary for hospital programming and public benefit considerations. The proposed text establishes clear parameters for eligibility, including minimum use thresholds and FAR limitations, and sets forth findings related to site planning and urban design. The Commission notes that Section 74-904 will be limited in scope and applicable only under specific locational and programmatic conditions. Related amendments to Sections 66-513 and 92-21 will clarify how the new special permit interacts with the existing transit improvement bonus and PI District regulations.

The proposed special permit will establish a mechanism to accommodate the unique spatial and operational needs of existing non-profit hospitals, many of which face physical constraints when modernizing within aging facilities. By allowing limited modifications in floor area and bulk, tied to generating a public benefit, this special permit will facilitate investments in healthcare facilities to help them grow in place and keep state-of-the-art healthcare and talent within the city.

Additionally, the proposed text amendment will modify Appendix F of the Zoning Resolution to map an MIH area on the portions of the project site that will be rezoned. Although no residential development is currently proposed, the Commission supports this mapping in accordance with the City's policy to apply MIH where zoning amendments substantially increase permitted residential density.

Zoning Special Permit (C 250153 ZSM)

The Commission believes that the special permit pursuant to the proposed Section 74-904 is appropriate. The special permit will facilitate a 2.0 FAR increase in community facility floor area and various bulk modifications necessary to accommodate the design of the new hospital building and integrate it with existing facilities. As a condition of the special permit, 100 percent of the bonus floor area will be exclusively for hospital use to ensure that the additional floor area granted through the special permit directly supports the intended institutional and public benefit goals.

The proposed development will convert all inpatient rooms to single-bedded rooms, increasing the number of rooms from 311 to 475, with each room sized to meet industry standards. These rooms will provide adequate space for patients, family members, and clinical teams, supporting better infection control and patient outcomes. In addition to modernized patient care areas, the proposal will expand the hospital's surgical department, providing 30 industry-standard operating rooms along with necessary support spaces. Additional upgrades include off-street ambulance bays, compliant loading berths, enlarged emergency department, and enhanced labor and delivery care access. The proposed upgrades will also enable the hospital to incorporate latest medical

technologies and create a facility that can continue meeting the long-term needs of the evolving healthcare industry. The Commission finds that these improvements represent a substantial public benefit that merits the requested floor area increase.

The applicant has proposed two zoning envelopes, Envelope 1 and Envelope 2, both of which accommodate the required hospital program while offering design flexibility. The Commission understands that while both are appropriate for the site, the applicant will ultimately pick one for the design of the building. The requested bulk modifications for both envelopes include relief from height and setback regulations, sky exposure plane requirements, and lot coverage regulations for community facility developments.

Envelope 1 proposes a new hospital tower rising to a height of 436 feet (inclusive of mechanicals) above a podium of approximately 195 feet along Lexington Avenue. Envelope 2 provides an alternative design with a reduced tower height of 395 feet (inclusive of mechanicals) along Lexington Avenue and a small midblock section higher at 360 feet to redistribute floor area. Both envelopes place the bulk along the eastern portion of the site and allow the existing buildings on the western portion to be retained and renovated. This design approach is consistent with zoning controls in this portion of the Upper East Side, which concentrate bulk and height along wide street frontages, with lower scale development at the midblock.

The proposed bulk modifications for the eastern portion with the new hospital building include front wall height, setbacks, and sky exposure plane relief. These modifications are essential to achieve the necessary floorplate dimensions and mechanical space requirements for a hospital building that meets industry standards. The proposed bulk modifications will also allow the existing buildings on the western portion of the development site to remain largely in their current form while providing limited flexibility for minor enlargements and alterations needed to upgrade patient care and improve hospital operations within that portion of the campus. Both zoning envelopes allow for seamless connection between new and existing buildings and support an

upgraded site layout, including relocated entrances, service access, and better circulation.

The proposed project includes on-site weather-protected ambulance bays and expanded loading infrastructure, which will address longstanding operational and circulation challenges and improve both patient care and neighborhood quality of life. Currently, ambulances must queue along the curb on East 77th Street and transport patients into the hospital across the public sidewalk, even in inclement weather. The proposed ambulance bays will allow for direct, covered transfers into the hospital, dramatically enhancing patient dignity, privacy, and safety.

Similarly, the hospital's existing loading bays are undersized and unable to fully accommodate delivery vehicles, resulting in trucks routinely extending into the sidewalk and street. This condition compromises pedestrian circulation, obstructs traffic flow, and creates unnecessary congestion along East 76th Street. The proposed loading bays on East 76th Street will provide appropriately sized, off-street facilities that will enable all loading activities to be within the building. By relocating loading/unloading of both patients and materials off-street, the project will reduce congestion, improve pedestrian safety, and mitigate impacts to the surrounding public realm, resulting in safer street conditions.

The Commission acknowledges the extensive testimony received from the community throughout the public review process. Testimony reflected a broad range of perspectives, including support for the hospital's modernization efforts and concerns regarding the scale of the proposed development, construction impacts, and long-term implications for neighborhood character. Many residents and local organizations expressed concerns with the building height, the project's phased nine-year construction timeline, and potential disruption to pedestrian safety, air quality, and traffic. Others raised concerns about whether the proposed investment was proportionate to the Upper East Side's healthcare needs relative to citywide disparities.

The Commission carefully considered these comments and recognizes the community's

longstanding interest in maintaining the quality and character of the neighborhood. The Commission notes that the applicant adjusted the proposal in response to early community feedback – most notably reducing overall building height from prior iterations, designing two building envelope options, preserving and renovating buildings along Park Avenue to limit construction impact, and enhancing public realm improvements. The Commission encourages the applicant to continue engaging with local stakeholders leading up to and during construction to address quality-of-life concerns, provide transparent updates, and address construction-related disruptions to the greatest extent possible.

Zoning Authorization (N 250154 ZAM)

The Commission understands that the applicant is seeking an authorization for a floor area bonus pursuant to ZR Section 66-511 related to improvement of transit facilities. Necessary pre-requisites for the consideration of this authorization were not finalized at the time of the Commission's vote on the other requested actions, however the Commission supports the requested transit improvement authorization, contingent upon the submission of an executed agreement between the applicant and the MTA, and a final approval letter from the MTA. The proposed special permit bulk envelope has been designed to accommodate the additional floor area that would be permitted under the authorization once granted.

The authorization would permit a floor area bonus of 0.5 FAR in connection with improvements to the Lexington Avenue–77th Street station. These improvements include a wider stairway entrance, an ADA-accessible elevator, and additional circulation space at the street. These improvements would provide full ADA access to the southbound platform and are consistent with the findings for the requested zoning authorization. The Commission finds that the scale and scope of the transit improvements merit the requested 0.5 FAR floor area bonus.

The Commission supports the proposed development and recognizes the need to upgrade Lenox Hill Hospital into a modern facility that reflects current industry standards. As a long-standing

institution and healthcare anchor on the Upper East Side, the continued investment in this important community asset will help ensure it is responsive to evolving technologies and the needs of both patients and providers as it continues to serve the local community, city and region for decades to come.

FINDINGS

Based upon the above consideration, the City Planning Commission hereby makes the following findings required by Section 74-904 (Non-profit or voluntary hospitals in R9 or R10 Districts and certain Commercial Districts):

1. the public benefit derived from such proposed hospital development or enlargement merits the additional floor area being granted pursuant to this special permit;
2. where bulk modifications are utilized, such modifications will provide a more satisfactory physical relationship to existing hospital buildings or other structures on the zoning lot, and facilitate a more efficient and integrated site plan; and
3. where modifications to bulk regulations are utilized, the distribution of bulk on the zoning lot will result in a satisfactory site plan and urban design relationships of buildings or other structures to adjacent streets and the surrounding area.

RESOLUTION

RESOLVED, that having considered the Final Environmental Impact Statement (FEIS), for which a Notice of Completion was issued on June 20, 2025, with respect to this application (CEQR No. 23DCP079M), the City Planning Commission finds that the requirements of the New York State Environmental Quality Review Act and Regulations have been met and that:

1. The environmental impacts disclosed in the FEIS were evaluated in relation to the social, economic, and other considerations associated with the actions that are set forth in this report; and

2. Consistent with social, economic, and other essential considerations, from among the reasonable alternatives provided in the application, the actions are one which minimizes or avoids adverse environmental impacts to the maximum extent practicable; and
3. The adverse environmental impacts disclosed in the FEIS will be minimized or avoided to the maximum extent practicable by incorporating as conditions to the approval, pursuant to the restrictive declaration dated June 30, 2025, those project components related to the environment and mitigation measures that were identified as practicable.

The report of the City Planning Commission, together with the FEIS, constitutes the written statement of findings that form the basis of the decision, pursuant to Section 617.11(d) of the SEQRA regulations; and be it further

RESOLVED, by the City Planning Commission, pursuant to Sections 197-c and 200 of the New York City Charter, that based on the environmental determination, and the consideration and findings described in this report, that the application submitted by Lenox Hill Hospital pursuant to Sections 197-c and 201 of the New York City Charter for the grant of a special permit pursuant to Section 74-904 of the Zoning Resolution to:

1. allow an increase in the maximum community facility floor area ratio by up to a maximum of 20 percent of the maximum floor area ratio otherwise permitted, and to allow such 20 percent maximum to be exceeded when used in combination with a floor area bonus permitted pursuant to Section 66-51 (Additional Floor Area for Mass Transit Station Improvements);
2. modify the height and setback regulations of Section 24-50 (HEIGHT AND SETBACK REGULATIONS), Section 33-40 (HEIGHT AND SETBACK REGULATIONS), and Section 92-20 (Special Bulk Regulations); and
3. modify the lot coverage regulations of Section 24-11 (Maximum Floor Area Ratio and Percentage of Lot Coverage) and 24-12 (Height and Application of Lot Coverage);

in connection with the proposed enlargement and renovation of an existing hospital and related facilities occupying an entire block, on property located at 100 East 77th Street (Block 1411, Lots 1 & 113), in R10, C1-8, and C1-9 districts, partially within the Special Park Improvement District (PI), Borough of Manhattan, Community District 8

is approved, subject to the following terms and conditions:

1. The property that is the subject of this application (C 250153 ZSM) shall be developed in size and arrangement substantially in accordance with the dimensions, specifications and zoning computations indicated on the following plans, prepared by Ennead Architects, LLP, filed with this application and incorporated in this resolution:

Development Option A (Drawing Set A)

<u>Drawing No.</u>	<u>Title</u>	<u>Last Revised Date</u>
Z-02	Zoning Analysis	06/27/2025
Z-02.1	Streetscape Regulations	06/27/2025
Z-03	Zoning Diagram	06/27/2025
Z-04	Zoning Lot Site Plan	06/27/2025
Z-05	Waiver Plan	06/27/2025
Z-07	Waiver Section East West Through Hospital Addition on 76 Street	06/27/2025
Z-08	Waiver Section East West Through Lobby Addition on Park Avenue	06/27/2025
Z-09	Waiver Section East West Through Lobby Addition on Park Avenue	06/27/2025
Z-10	Waiver Sections North South	06/27/2025
Z-11	Waiver Sections North South	06/27/2025
Z-12	Waiver Sections North South	06/27/2025
ZZ-01	Accessibility Program Bonus Plan and Section	06/27/2025

Development Option B (Drawing Set B)

<u>Drawing No.</u>	<u>Title</u>	<u>Last Revised Date</u>
Z-02	Zoning Analysis	06/27/2025
Z-02.1	Streetscape Regulations	06/27/2025
Z-03	Zoning Diagram	06/27/2025
Z-04	Zoning Lot Site Plan	06/27/2025
Z-05	Waiver Plan	06/27/2025
Z-07	Waiver Section East West Through Hospital Addition on 76 Street	06/27/2025
Z-08	Waiver Section East West Through Lobby Addition on Park Avenue	06/27/2025
Z-09	Waiver Section East West Through Lobby Addition on Park Avenue	06/27/2025
Z-10	Waiver Sections North South	06/27/2025
Z-11	Waiver Sections North South	06/27/2025
Z-12	Waiver Sections North South	06/27/2025
ZZ-01	Accessibility Program Bonus Plan and Section	06/27/2025

2. Such development shall conform to all applicable provisions of the Zoning Resolution, except for the modifications specifically granted in this resolution and shown on the plans listed above which have been filed with this application. All zoning computations are subject to verification and approval by the New York City Department of Buildings.
3. Such development shall conform to all applicable laws and regulations relating to its construction, operation and maintenance.

4. All leases, subleases, or other agreements for use or occupancy of space at the subject property shall give actual notice of this special permit to the lessee, sublessee or occupant.
5. In the event the property that is the subject of the application is developed, sold as, or converted to condominium units, a homeowners' association, or cooperative ownership, a copy of this resolution and restrictive declaration described above and any subsequent modifications to either document shall be provided to the Attorney General of the State of New York at the time of application for any such condominium, homeowners' or cooperative offering plan and, if the Attorney General so directs, shall be incorporated in full in any offering documents relating to the property.
6. The development shall include those mitigation measures listed in the Final Environmental Impact Statement (CEQR No. 23DCP079M) issued on June 20, 2025, and identified as practicable.
7. Upon the failure of any party having any right, title or interest in the property that is the subject of this application, or the failure of any heir, successor, assign, or legal representative of such party, to observe any of the covenants, restrictions, agreements, terms or conditions of this resolution whose provisions shall constitute conditions of the special permit hereby granted, the City Planning Commission may, without the consent of any other party, revoke any portion of or all of said special permit. Such power of revocation shall be in addition to and not limited to any other powers of the City Planning Commission, or of any other agency of government, or any private person or entity. Any such failure or breach of any of the conditions as stated above, may constitute grounds for the City Planning Commission or City Council, as applicable, to disapprove any application for modification, renewal or extension of the special permit hereby granted or of the attached restrictive declaration.

8. Neither the City of New York nor its employees or agents shall have any liability for money damages by reason of the city's or such employee's or agent's failure to act in accordance with the provisions of this special permit.

The above resolution (C 250153 ZSM), duly adopted by the City Planning Commission on July 2, 2025 (Supplemental Calendar No. 3, is filed with the Office of the Speaker, City Council, and the Borough President, in accordance with the requirements of Section 197-d of the New York City Charter.

DANIEL R. GARODNICK, Esq., *Chair,*
KENNETH J. KNUCKLES, Esq., *Vice Chairman*
GAIL BENJAMIN, ALFRED C. CERULLO, III, Esq., ANTHONY W. CROWELL, Esq.,
JOSEPH I. DOUEK, DAVID GOLD, Esq., LEAH GOODRIDGE, Esq.,
RASMIA KIRMANI-FRYE, ORLANDO MARÍN,
JUAN CAMILO OSORIO, RAJ RAMPERSHAD, *Commissioners*



COMMUNITY/BOROUGH BOARD RECOMMENDATION

Project Name: Lenox Hill Hospital			
Applicant:	Northwell Health	Applicant's Primary Contact:	Melanie Meyers
Application #	250152ZRM	Borough:	
CEQR Number:	23DCP079M	Validated Community Districts:	M08

Docket Description:

Please use the above application number on all correspondence concerning this application

RECOMMENDATION: Conditional Unfavorable			
# In Favor: 23	# Against: 14	# Abstaining: 1	Total members appointed to the board: 38
Date of Vote: 4/9/2025 8:00 AM		Vote Location: https://www.cb8m.com/event/33784/	

Please attach any further explanation of the recommendation on additional sheets as necessary

Date of Public Hearing: 3/12/2025 6:00 PM	
Was a quorum present? Yes	<i>A public hearing requires a quorum of 20% of the appointed members of the board but in no event fewer than seven such members</i>
Public Hearing Location:	This hearing will be conducted hybrid in person and via Zoom. Memorial Sloan Kettering's Rockefeller Research Laboratories 430 East 67th Street (b/t First and York) https://www.cb8m.com/event/33781/

CONSIDERATION: see attached resolution

Recommendation submitted by	MN CB8	Date: 4/15/2025 10:32 AM
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Valerie S. Mason
Chair

Will Brightbill
District Manager



**The City of New York
Community Board 8 Manhattan**

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April 10, 2025

Daniel R. Garodnick, Chair
City Planning Commission
120 Broadway, 31st Floor
New York, NY 10271

Re: Lenox Hill Hospital (N250152ZRM, C250153ZSM, N250155ZCM, N250154ZAM, and C250151ZMM)

Dear Chair Garodnick,

At the Land Use Meeting of Community Board 8 Manhattan held on Wednesday, April 9, 2025, the board approved the following resolution by a vote of 23 in favor, 14 opposed, 1 abstention, and 0 not voting for cause:

WHEREAS the Applicant, Lenox Hill/Northwell Health proposes a major expansion to its hospital on the block bordered by 76th and 77th Streets and Lexington and Park Avenues; and

WHEREAS the Applicant first proposed alterations to the campus in March of 2019 and few changes have been made to reflect community input following several meetings since that date; and

WHEREAS it is acknowledged that the Applicant needs to modernize certain aspects of the Lenox Hill Hospital campus; and

WHEREAS the proposed development will consist of a new tower on the Lexington Avenue portion of the site, a renovation to the Park Avenue portion of the site, and a mix of new and renovated construction in the midblock; and

WHEREAS the hospital plans to remain open throughout the projected nine year construction period; and

WHEREAS the Applicant proposes the following changes to the Zoning Resolution to accomplish the proposed development:

1. Zoning Map Amendments to rezone:
 - a. Only a 75% portion of the property's tax lot and zoning lot as follows:
 - i. The Lexington Avenue frontage of the Development Site from C1-8X to a C1-9 district; and
 - ii. The midblock of the Development Site from an R8B to a C1-8 district;
2. Zoning Text Amendment to:
 - a. Create a new special permit under ZR Section 74-904 (Non-profit or voluntary hospitals in R9 or R10 districts and certain Commercial Districts) pursuant to which the City Planning Commission may, for a development or enlargement predominantly for Use Group III(B) hospital use on a full-block zoning lot improved with an existing hospital use and located in R9 or R10 districts, or equivalent commercial districts, and partially within the Special Park Improvement District:

- i. permit a floor area increase of up to 20% for community facility use;
 - ii. allow such floor area bonus to be used in combination with a floor area bonus permitted by authorization in connection with mass transit station improvements pursuant to ZR Section 66-51; and
 - iii. permit modifications of applicable bulk regulations, provided that the amount of floor area located within the Special Park Improvement District not exceed 10.0 FAR;
 - b. amend ZR Section 66-513(a)(2) to allow a floor area bonus pursuant to Section 66-511 or 66-512 in combination with other floor area bonuses, to exceed 20 percent of the maximum floor area otherwise permitted on the zoning lot where explicitly allowed by a special permit of the Commission;
 - c. amend ZR Section 92-21 to allow the permitted floor area ratio 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; and
 - d. establish the portions of the Development Site within the new C1-9 and C1-8 districts as a Mandatory Inclusionary Housing ("MIH") area;
3. Zoning special permit pursuant to ZR Section 74-904 to permit a redevelopment of the Development Site predominantly for Use Group 4 non-profit hospital use with up to 1,034,471 square feet of floor area (12.5 FAR);
4. To permit up to 75% of the zoning lot to be programmed with hospital uses;
5. Zoning Authorization pursuant to ZR Section 66-511 to permit, as part of the total proposed 12.5 FAR, a floor area increase of up to 0.5 FAR in connection with improvements to the southbound platform of the 77th Street station of the Lexington Avenue subway line;
6. Zoning Certification pursuant to ZR Section 66-21 for a transit volume easement;
7. Zoning special permit modifying street wall, height, and setback and other bulk regulations; and

WHEREAS the existing development on the block comprises approximately 781,500 gross square feet and approximately 620,500 zoning square feet (FAR 7.5), which is in excess of the allowable zoning floor area under the current zoning (approximately 600,000 zoning square feet); and

WHEREAS the applicant proposes a development (both renovated and new construction) comprising approximately 1,390,000 gross square feet and 1,034,471 zoning square feet (FAR 12.5); and

WHEREAS the applicant claims a desperate need for an expansion of the improvements, but is not seeking to rezone the entirety of the zoning lot, omitting a 20,833 square foot portion of the zoning lot fronting along Park Avenue; and

WHEREAS the applicant's proposed effective FAR of 12.5 is unprecedented for a hospital campus in Manhattan as it exceeds the effective FAR of, at least, the following:

- a. St. Luke's Roosevelt / Mt. Sinai West at 424 10th Avenue
- b. Mt. Sinai Hospital and 1440 Madison Avenue
- c. New York Presbyterian 1176 York Avenue
- d. The proposed MSK development and existing campus on Blocks 1461 and 1462
- e. The David Koch hospital at 530 West 74th Street (MSK)
- f. NYU Langone
- g. Bellevue Hospital
- h. The VA hospital at 423 East 23rd Street
- i. CU Medical Center and Morgan Stanley Children's Hospital; and

WHEREAS the proposed development will feature one of two tower configurations on the Lexington Avenue portion of the site:

- A. A tower approximately 200 feet by 180 feet in ground plan and a height of 436 feet with an attached midblock portion on the 76th street side approximately 80 feet by 90 feet and a height of 210 feet; or
- B. A tower approximately 200 feet by 180 feet in ground plan and a height of 395 feet with an attached midblock portion on the 76th street side approximately 80 feet by 90 feet and a height of 360 feet; and

WHEREAS the existing hospital has 172 beds in single-bedded rooms and 278 beds in double-occupancy rooms (139 rooms) for a total of 450 beds, and the proposed hospital will have 475 single-bedded rooms (234 square feet each, exclusive of ADA bathroom and nurse's station); and

WHEREAS the proposed development will include an increased number (and size) of Operating Rooms, additional loading bays, interior ambulance bays, and an increase in the size of the Emergency Department which will be located on the Second Floor; and

WHEREAS the hospital will have its main entrance at the corner of 76th Street and Lexington Avenue, and a "Mother and Baby" entrance on Park Avenue; and

WHEREAS the proposal will provide an accessible entry to the Uptown platform of the Lexington Avenue Subway at 77th Street; and

WHEREAS the proposed zoning and proposed bulk for the Lexington Avenue portion of the site creates an imbalance of the floor area distribution across the site although spreading the proposed floor area equally across the site could produce a building about 250 feet tall; and

WHEREAS the proposed tower would be over twice the height of the tallest building permitted under the current zoning on Lexington Avenue, and its footprint, occupying the entire Lexington Avenue blockfront at its full height, is too massive and out of scale with the surrounding neighborhood; and

WHEREAS in order to build the proposed development, the applicant requires not only a change of zoning designation on three quarters of the entire site, but then must obtain permission for modification of height, setback and other bulk controls, selecting the most generous bulk and area regulations while seeking relief from those rules; and.

WHEREAS the massive tower will create a "canyon" shadow effect along Lexington Avenue and both side streets; and

WHEREAS the requested floor area bonus for Transit Improvement does not take into account the absence of accessible access to the Northbound IRT at 77th Street, which is an urgent need at this location; and

WHEREAS no real consideration has been given to the way that many patients arrive at the hospital – via public transportation or by car; and

WHEREAS no drop-off area is proposed, further obstructing traffic on Lexington Avenue, as the entrance to the hospital is located on the corner of Lexington and 76th Street, adjacent to a bus lane; and

WHEREAS the proposed entrance to the "Mother and Baby" hospital with no drop-off area on Park Avenue will also disrupt traffic on Park Avenue; and

WHEREAS the proposal requires ambulances and trucks to enter the hospital but are then forced to back out, twice crossing sidewalks on 77th and 76th Streets and disrupting both pedestrian and vehicular traffic; and

WHEREAS the small increase in hospital beds increases the height of the Lexington Avenue tower by at least one floor; and

WHEREAS the DEIS (Draft Environmental Impact Statement) failed to identify potential impact of this project (transportation, open space, water and sewer infrastructure, and neighborhood character) while identifying impacts that can, under the proposal have no real mitigation; and

WHEREAS despite comments to the contrary made by the applicant, common sense would indicate that a much larger hospital will need more staff to run it, increasing traffic in the immediate area; and

WHEREAS no parking is proposed for this development, despite a current lack of parking on the Upper East Side which may be exacerbated by congestion pricing; and

WHEREAS the proposed construction schedule, a result of maintaining operations at the hospital while it is substantially reconstructed, is too long; and

WHEREAS Saturday and late work permits will be requested throughout the construction period, disrupting normal activities for a generation of East Siders; and

WHEREAS no provisions have been identified for traffic disruption mitigation during construction; and

WHEREAS no provisions for unloading of building materials or possible additional lane closures for construction vehicles have been presented; and

WHEREAS the applicant assumes that construction workers will all arrive by subway or bus which is unrealistic; and

WHEREAS noise and dust and debris are unavoidable with any construction, but the length of construction time anticipated in this development proposal amplifies these issues beyond what is reasonable; and

WHEREAS construction activities on 77th Street will interfere with the arrival of ambulances and the functioning of the Emergency Department throughout the construction period; and

WHEREAS the working conditions within the hospital during construction will likely degrade patient care and at the very least inconvenience staff; and

WHEREAS the proposed decade of construction will upend our dense residential neighborhood: a thriving community filled with schools, houses of worship, small businesses, hotels and institutions cannot survive the noise, pollutants/dust, danger, traffic and overall chaos that will accompany construction of this magnitude; and

WHEREAS the delicate balance of the architecture on the narrowest avenue on the Upper East Side will be upset forever; and

WHEREAS the portion of the development site within the Park Improvement District will not be subject to Mandatory Inclusionary Housing, and could, at a later date, be split off from the proposed development and developed as of right as housing; and

WHEREAS the proposed 12.5 FAR for the Development Site represents the application of every available floor area bonus after a rezoning of the entire site to 10 FAR, increasing the overall size of the project by 250,000 zoning square feet; and

WHEREAS the Community Board acknowledges and agrees with Lenox Hill Hospital that it is in need of modernization and we have no objection to a temporary closing of the hospital during any construction period, to speed up the modernization of the hospital; and

WHEREAS the community has opposed the project through petitions (over 6000 signatures), written testimony for the Community Board Land Use Meeting in March (522 opposed with 164 in favor), and in-person testimony at the March Land Use Meeting (over 100 speakers); and

WHEREAS healthcare equity would indicate that the applicant's resources could be put to better use in other parts of the city which have been described as "Health Care Deserts"; and

THEREFORE, BE IT RESOLVED that this application is **DISAPPROVED** as presented **unless all of the following conditions are met:**

- A. Applicant commits to a maximum height of 215' uniformly across the entire zoning lot. No bonus mechanisms will allow any increase in height; and
- B. Applicant commits to either, but not both, of the Transit Improvement and Hospital Floor Area Bonuses requested by special permit (pursuant to ZR Section 74-904 and ZR Section 66-51); and
- C. Applicant commits to mapping the entirety of the zoning lot within an MIH district; and
- D. Applicant commits to an accessible entrance to BOTH Southbound and Northbound platforms of the IRT subway at the 77th Street Station; and
- E. Applicant commits to permanent hospital use on the entire zoning lot; and
- F. If Applicant sells the Park Avenue frontage for residential development, Applicant will notify the public and commit to allocating 5% of the sales price for transit improvements and other community benefits to be determined; and
- G. Applicant commits to provide parking (on-site or new off-site parking locations) to accommodate staff and patients/visitors; and
- H. Applicant commits to request NO After Hours Variance Permits in connection with this project without the prior approval of the Community Board.

Please advise our office of any action taken on this matter, and, of course, we remain available to discuss any of the conditions set forth in our resolution and continue a dialogue with the applicant.

Sincerely,

Valerie S. Mason

Valerie S. Mason
Chair

cc: Honorable Kathy Hochul, Governor of New York
Honorable Eric Adams, Mayor of the City of New York
Honorable Jumaane Williams, Public Advocate of the City of New York
Honorable Mark Levine, Manhattan Borough President
Honorable Jerry Nadler, 12th Congressional District Representative
Honorable Liz Krueger, NYS Senator, 28th Senatorial District
Honorable José M. Serrano, NYS Senator, 29th Senatorial District
Honorable Edward Gibbs, NYS Assembly Member 68th Assembly District

Honorable Alex Bores, NYS Assembly Member, 73rd Assembly District
Honorable Rebecca Seawright, NYS Assembly Member 76th Assembly District
Honorable Keith Powers, NYC Council Member, 4th Council District
Honorable Julie Menin, NYC Council Member, 5th Council District
Honorable Diana Ayala, NYC Council Member, 8th Council District
Dr. Daniel J. Baker, President, Lenox Hill Hospital

**BOROUGH PRESIDENT
RECOMMENDATION**

Project Name: Lenox Hill Hospital	
Applicant: Northwell Health	Applicant's Administrator: Melanie Meyers
Application # 250152ZRM	Borough: Manhattan
CEQR Number: 23DCP079M	Validated Community Districts: M08

Docket Description:

Please use the above application number on all correspondence concerning this application

RECOMMENDATION: Conditional Favorable

Please attach any further explanation of the recommendation on additional sheets as necessary

CONSIDERATION:

Recommendation submitted by	MN BP	Date: 5/14/2025 6:18 PM
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OFFICE OF THE

MANHATTAN BOROUGH PRESIDENT

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 Mark Levine, Borough President

May 14, 2025

**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

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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

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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:

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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

EXHIBIT F

**THE COUNCIL OF THE CITY OF NEW YORK
RESOLUTION NO. 1039**

Resolution approving the decision of the City Planning Commission on ULURP No. C 250151 ZMM, a Zoning Map amendment (L.U. No. 339).

By Council Members Salamanca and Riley

WHEREAS, Lenox Hill Hospital filed an application pursuant to Sections 197-c and 201 of the New York City Charter for an amendment of the Zoning Map, Section No. 8c, by changing from an R8B District to a C1-8 District and changing from a C1-8X District to a C1-9 District, which in conjunction with the related actions would facilitate the redevelopment and enlargement of Lenox Hill Hospital, located at 100 East 77th Street (Block 1411, Lots 1 and 113), in the Lenox Hill neighborhood of Manhattan, Community District 8 (ULURP No. C 250151 ZMM) (the "Application");

WHEREAS, the City Planning Commission filed with the Council on July 14, 2025 its decision dated July 2, 2025 (the "Decision") on the Application;

WHEREAS, the Application is related to applications N 250152 ZRM (L.U. No. 340), a zoning text amendment to create a new hospital special permit to facilitate a floor area increase of up to 20 percent for non-profit hospital use, allow such floor area bonus to be used in conjunction with a transit improvement bonus, permit modifications of applicable bulk regulations, and designate a Mandatory Inclusionary Housing (MIH) area; and C 250153 ZSM (L.U. No. 341), a zoning special permit to facilitate a floor area increase of up to 20 percent for non-profit hospital use, allow such floor area bonus to be used in conjunction with a transit improvement bonus, and permit modifications of applicable bulk regulations;

WHEREAS, the Decision is subject to review and action by the Council pursuant to Section 197-d of the City Charter;

WHEREAS, upon due notice, the Council held a public hearing on the Decision and Application on July 16, 2025;

WHEREAS, the Council has considered the land use and other policy issues relating to the Decision and Application; and

WHEREAS, the Council has considered the relevant environmental issues, including the Positive Declaration issued January 30th, 2023 (CEQR No. 23DCP079M) and a Final Environmental Impact Statement (FEIS) for which a Notice of Completion was issued on June 20, 2025, in which significant adverse impacts related to hazardous materials, air quality and noise would be avoided through the placement of (E) designation (E-777) on the project sites as specified in Chapters 8, 11, and 13, respectively of the FEIS. The application, as analyzed in the FEIS, contained Project Components Related to the Environment (PCREs), which are set forth in Chapter 16 "Construction." To ensure the implementation of the PCREs, the applicant would enter into a Restrictive Declaration at the time of the approval of land use-related actions and prior to the issuance of any permits; and in addition, the proposed project as analyzed in the FEIS identified significant adverse impacts with respect to shadows and construction (noise) in which the

Page 2 of 3
C 250151 ZMM
Res. No. 1039 (L.U. No. 339)

identified significant adverse impacts and proposed mitigation measures under the proposed actions are summarized in Chapter 18, "Mitigation," of the FEIS. The significant adverse impacts that would not be fully mitigated are summarized in Chapter 19, "Unavoidable Adverse Impacts," of the FEIS. To ensure the implementation of the mitigation measures identified in the FEIS, the mitigation measures are included in the Restrictive Declaration. The Council has also considered the Technical Memorandum dated August 12, 2025 (the "Technical Memorandum").

RESOLVED:

Having considered the FEIS with respect to the Decision and Application, the Council finds that:

1. The FEIS meets the requirements of 6 N.Y.C.R.R. Part 617;
2. The environmental impacts disclosed in the FEIS were evaluated in relation to the social, economic, and other considerations associated with the action that is set forth in the Decision;
3. Consistent with social, economic, and other essential considerations, from among the reasonable alternatives provided in the application, the actions are those which minimize or avoid adverse environmental impacts to the maximum extent practicable; and
4. The adverse environmental impacts revealed in the FEIS will be minimized or avoided to the maximum extent practicable by incorporating as conditions to the approval, pursuant to the restrictive declaration dated June 30, 2025, those project components related to the environment and mitigation measures that were identified as practicable.

The Decision, together with the FEIS issued June 20th, 2025, constitute the written statement of facts, and of social, economic and other factors and standards that form the basis of this determination, pursuant to 6 N.Y.C.R.R. §617.11(d).

Pursuant to Sections 197-d and 200 of the City Charter and on the basis of the Decision and Application, and based on the environmental determination and consideration described in the report, C 250151 ZMM, and the Technical Memorandum, incorporated by reference herein, and the record before the Council, the Council approves the Decision of the City Planning Commission.

The Zoning Resolution of the City of New York, effective as of December 15, 1961, and as subsequently amended, is further amended by changing the Zoning Map, Section No. 8c, changing from an R8B district to a C1-8 district property bounded by East 77th Street, a line 100 feet westerly of Lexington Avenue, East 76th Street, and a line 100 feet easterly of Park Avenue, and changing from a C1-8X district to a C1-9 district property bounded by East 77th Street, Lexington Avenue, East 76th Street, and a line 100 feet westerly of Lexington Avenue, as shown on a diagram (for illustrative purposes only) dated February 3, 2025, and subject to the conditions of CEQR Declaration E-777.

Adopted.

Page 3 of 3

C 250151 ZMM

Res. No. 1039 (L.U. No. 339)

Office of the City Clerk, }
The City of New York, } ss.:

I hereby certify that the foregoing is a true copy of a Resolution passed by The Council of The City of New York on August 14, 2025, on file in this office.

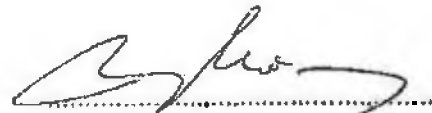

City Clerk, Clerk of The Council

EXHIBIT G

**THE COUNCIL OF THE CITY OF NEW YORK
RESOLUTION NO. 1040**

Resolution approving with modifications the decision of the City Planning Commission on Application No. N 250152 ZRM, for an amendment of the text of the Zoning Resolution (L.U. No. 340).

By Council Members Salamanca and Riley

WHEREAS, Lenox Hill Hospital filed an application pursuant to Section 201 of the New York City Charter, for an amendment of the text of the Zoning Resolution of the City of New York, amending Article VI, Chapter 6 (Special Regulations Applying Around Mass Transit Stations), Article VII, Chapter 4 (Special Permits by the City Planning Commission), Article IX, Chapter 2 (Special Park Improvement District), and APPENDIX F for the purpose of establishing a Mandatory Inclusionary Housing area, which in conjunction with the related actions would facilitate the redevelopment and enlargement of Lenox Hill Hospital, located at 100 East 77th Street (Block 1411, Lots 1 and 113), in the Lenox Hill neighborhood of Manhattan, Community District 8 (ULURP No. N 250152 ZRM), (the "Application");

WHEREAS, the City Planning Commission filed with the Council on July 14, 2025, its decision dated July 2, 2025 (the "Decision") on the Application;

WHEREAS, the Application is related to applications C 250151 ZMM (L.U. No. 339), a zoning map amendment to change an R8B district to a C1-8 district and a C1-8X district to a C1-9 district; and C 250153 ZSM (L.U. No. 341), a zoning special permit to facilitate a floor area increase of up to 20 percent for non-profit hospital use, allow such floor area bonus to be used in conjunction with a transit improvement bonus, and permit modifications of applicable bulk regulations;

WHEREAS, the Decision is subject to review and action by the Council pursuant to Section 197-d of the City Charter;

WHEREAS, upon due notice, the Council held a public hearing on the Decision and Application on July 16, 2025;

WHEREAS, the Council has considered the land use implications and other policy issues relating to the Decision and Application; and

WHEREAS, the Council has considered the relevant environmental issues, including the Positive Declaration issued January 30th, 2023 (CEQR No. 23DCP079M) and a Final Environmental Impact Statement (FEIS) for which a Notice of Completion was issued on June 20, 2025, in which significant adverse impacts related to hazardous materials, air quality and noise would be avoided through the placement of (E) designation (E-777) on the project sites as specified in Chapters 8, 11, and 13, respectively of the FEIS. The application, as analyzed in the FEIS, contained Project Components Related to the Environment (PCREs), which are set forth in Chapter 16 "Construction." To ensure the implementation of the PCREs, the applicant would enter into a Restrictive Declaration at the time of the approval of land use-related actions and prior to the issuance of any permits; and in addition, the proposed project as analyzed in the FEIS identified

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significant adverse impacts with respect to shadows and construction (noise) in which the identified significant adverse impacts and proposed mitigation measures under the proposed actions are summarized in Chapter 18, "Mitigation," of the FEIS. The significant adverse impacts that would not be fully mitigated are summarized in Chapter 19, "Unavoidable Adverse Impacts," of the FEIS. To ensure the implementation of the mitigation measures identified in the FEIS, the mitigation measures are included in the Restrictive Declaration. The Council has also considered the Technical Memorandum dated August 12, 2025 (the "Technical Memorandum").

RESOLVED:

Having considered the FEIS with respect to the Decision and Application, the Council finds that:

1. The FEIS meets the requirements of 6 N.Y.C.R.R. Part 617;
2. The environmental impacts disclosed in the FEIS were evaluated in relation to the social, economic, and other considerations associated with the action that is set forth in the Decision;
3. Consistent with social, economic, and other essential considerations, from among the reasonable alternatives provided in the application, the actions are those which minimize or avoid adverse environmental impacts to the maximum extent practicable; and
4. The adverse environmental impacts revealed in the FEIS will be minimized or avoided to the maximum extent practicable by incorporating as conditions to the approval, pursuant to the restrictive declaration dated June 30, 2025, those project components related to the environment and mitigation measures that were identified as practicable.

The Decision, together with the FEIS issued June 20, 2025, constitute the written statement of facts, and of social, economic and other factors and standards that form the basis of this determination, pursuant to 6 N.Y.C.R.R. §617.11(d);

Pursuant to Sections 197-d and 201 of the City Charter and on the basis of the Decision and Application, and based on the environmental determination and consideration described in the report, N 250152 ZRM, and the Technical Memorandum, incorporated by reference herein, and the record before the Council, the Council approves the Decision of the City Planning Commission, with the following modifications.

Matter underlined is new, to be added;

Matter ~~struck-out~~ is to be deleted;

Matter double-underlined is new, added by the City Council;

Matter ~~double-struck-out~~ is old, deleted by the City Council;

Matter within # # is defined in Section 12-10;

* * * indicates where unchanged text appears in the Zoning Resolution.

ARTICLE VI

SPECIAL REGULATIONS APPLICABLE TO CERTAIN AREAS

* * *

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Chapter 6
 Special Regulations Applying Around Mass Transit Stations

* * *

66-50
 SPECIAL APPROVALS

* * *

66-51
 Additional Floor Area for Mass Transit Station Improvements

* * *

66-513
 Additional rules and limitations, conditions, findings, and requirements

Any authorization or special permit application pursuant to the provisions of Section 66-511 (Additional floor area for mass transit station improvements by authorization) or Section 66-512 (Additional floor area for mass transit station improvements by special permit), respectively, shall be subject to the following provisions.

(a) Additional rules and limitations on bonus #floor area#

The following rules and limitations on bonus #floor area# shall apply in addition to the provisions set forth in Sections 66-511 and 66-512:

- (1) Where a #zoning lot# contains multiple #uses# with different #floor area ratios#, the bonus may be applied to any individual #use#, and the total of all #floor area ratios# shall not exceed 20 percent of the greatest #floor area ratio# permitted on the #zoning lot#;
- (2) The #floor area# bonus may be used in combination with other #floor area# bonuses, provided that the maximum #floor area ratio# permitted through the combination of bonuses does not exceed 20 percent of the maximum #floor area ratio# otherwise permitted on the #zoning lot#. However, such 20 percent limitation shall not apply:
 - (i) where explicitly stated otherwise in a Special Purpose District; or
 - (ii) where explicitly stated otherwise in a special permit of the City Planning Commission; and
- (3) For #MIH developments# or #UAP developments#, the requirements of

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Article II, Chapter 7 (Additional Regulations and Administration in Residence Districts) shall not apply to the bonus #floor area# granted under the provisions of this Section.

For the purposes of applying this paragraph to applications seeking an authorization pursuant to Section 66-511 (Additional floor area for mass transit station improvements by authorization), notwithstanding the above allowances, in no event shall the amount of bonus #floor area# exceed 200,000 square feet.

(b) Conditions

* * *

ARTICLE VII ADMINISTRATION

* * *

Chapter 4 Special Permits by the City Planning Commission

* * *

74-90 ADDITIONAL PERMITS

* * *

74-904 Non-profit or voluntary hospitals in R9 or R10 Districts and certain Commercial Districts

For a #zoning lot# occupying an entire #block# located in an R9 or an R10 District, or in #commercial districts# mapped within, or with a #residential equivalent# of an R9 or an R10 District, partially within the #Special Park Improvement District#, and containing a non-profit or voluntary hospital and related facilities, as listed in Use Group III(B), the City Planning Commission may, by special permit, allow the modifications set forth in paragraph (a) of this Section, provided the conditions set forth in paragraph (b) and findings set forth in paragraph (c) are met.

- (a) The Commission may allow an increase in the maximum #community facility# #floor area ratio# by up to a maximum of 20 percent. A #floor area# bonus pursuant to this Section may be used in combination with a #floor area# bonus permitted pursuant to Section 66-51 (Additional Floor Area for Mass Transit Station Improvements), and the combination of such bonuses may exceed 20 percent of the maximum #floor area ratio# otherwise permitted.

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In connection with such #floor area# bonus, the Commission may allow modifications to applicable #bulk# regulations.

(b) In order to grant a special permit pursuant to this Section, the following conditions shall be met:

- (1) a minimum #floor area# of ~~25~~ 95 percent of any #development# or #enlargement# on such #zoning lot# will be allocated to such hospital #use#;
- (2) the bonus #floor area# allowed pursuant to this Section shall be exclusively allocated to such hospital #use#; and
- (3) the amount of #floor area# to be located on the portion of such #zoning lot# within the #Special Park Improvement District# shall not exceed a #floor area ratio# of 10.0.

(c) In order to grant a special permit pursuant to this Section, the Commission shall find that:

- (1) the public benefit derived from such proposed hospital #development# or #enlargement# merits the additional #floor area# being granted pursuant to this special permit;
- (2) where #bulk# modifications are utilized, such modifications will provide a more satisfactory physical relationship to existing hospital #buildings or other structures# on the #zoning lot#, and facilitate a more efficient and integrated site plan; and
- (3) where #bulk# modifications are utilized, the distribution of #bulk# on the #zoning lot# will result in a satisfactory site plan and urban design relationships of #buildings or other structures# to adjacent #streets# and the surrounding area.

The Commission may prescribe appropriate conditions and safeguards to minimize adverse effects on the character of the surrounding area.

74-91
Modification of Public Plazas

* * *

ARTICLE IX SPECIAL PURPOSE DISTRICTS

* * *

Chapter 2
Special Park Improvement District

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* * *

**92-20
SPECIAL BULK REGULATIONS**

* * *

**92-21
Special Floor Area Regulations**

The underlying #floor area# regulations shall apply except as modified in this Section.

For #developments# or #enlargements# on #qualifying transit improvement sites#, a #floor area# bonus for #mass transit station# improvements may be granted by the City Planning Commission pursuant to the provisions of Section 66-51 (Additional Floor Area for Mass Transit Station Improvements). For the purposes of this paragraph, defined terms additionally include those in Section 66-11 (Definitions). In addition, a #floor area# bonus may be granted by the Commission pursuant to the provisions of Section 74-904 (Non-profit or voluntary hospitals in R9 or R10 Districts and certain Commercial Districts). No other #floor area# bonuses shall be permitted.

* * *

**APPENDIX F
Mandatory Inclusionary Housing Areas and former Inclusionary Housing Designated
Areas**

MANHATTAN

* * *


Manhattan Community District 8

* * *

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Map 3 - [date of adoption]



 Mandatory Inclusionary Housing area
 Area # — [date of adoption] MIH Option 1 and Option 2

Portion of Community District 8, Manhattan

* * *

Adopted.

Office of the City Clerk,}
 The City of New York,} ss.:

I hereby certify that the foregoing is a true copy of a Resolution passed by The Council of The City of New York on August 14, 2025, on file in this office. /

EXHIBIT H

**THE COUNCIL OF THE CITY OF NEW YORK
RESOLUTION NO. 1041**

Resolution approving with modifications the decision of the City Planning Commission on ULURP No. C 250153 ZSM, for the grant of a special permit (L.U. No. 341).

By Council Members Salamanca and Riley

WHEREAS, Lenox Hill Hospital filed an application pursuant to Sections 197-c and 201 of the New York City Charter for the grant of a special permit pursuant to Section 74-904 of the Zoning Resolution to:

1. allow an increase in the maximum community facility floor area ratio by up to a maximum of 20 percent of the maximum floor area ratio otherwise permitted, and to allow such 20 percent maximum to be exceeded when used in combination with a floor area bonus permitted pursuant to Section 66-51 (Additional Floor Area for Mass Transit Station Improvements);
2. modify the height and setback regulations of Section 24-50 (HEIGHT AND SETBACK REGULATIONS), Section 33-40 (HEIGHT AND SETBACK REGULATIONS), and Section 92-20 (Special Bulk Regulations); and
3. modify the lot coverage regulations of Section 24-11 (Maximum Floor Area Ratio and Percentage of Lot Coverage) and 24-12 (Height and Application of Lot Coverage);

in connection with the proposed enlargement and renovation of an existing hospital and related facilities occupying an entire block, on property located at 100 East 77th Street (Block 1411, Lots 1 & 113), in R10, C1-8, and C1-9 Districts, partially within the Special Park Improvement District (PI), Borough of Manhattan, Community District 8 (ULURP No. C 250153 ZSM) (the "Application");

WHEREAS, the City Planning Commission filed with the Council on July 14, 2025, its decision dated July 2, 2025 (the "Decision") on the Application;

WHEREAS, the Application is related to applications C 250151 ZMM (L.U. No. 339), a zoning map amendment to change an R8B district to a C1-8 district and a C1-8X district to a C1-9 district; and N 250152 ZRM (L.U. No. 340), a zoning text amendment to create a new hospital **special permit to facilitate a floor area increase of up to 20 percent for non-profit hospital use, allow such floor area bonus to be used in conjunction with a transit improvement bonus, permit modifications of applicable bulk regulations, and designate a Mandatory Inclusionary Housing (MIH) area;**

WHEREAS, the Decision is subject to review and action by the Council pursuant to Section 197-d of the City Charter;

WHEREAS, the City Planning Commission has made the findings required pursuant to Section 74-904 of the Zoning Resolution of the City of New York;

WHEREAS, upon due notice, the Council held a public hearing on the Decision and

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Application on July 16, 2025;

WHEREAS, the Council has considered the land use and environmental implications and other policy issues relating to the Decision and Application; and

WHEREAS, the Council has considered the relevant environmental issues, including the Positive Declaration issued January 30th, 2023 (CEQR No. 23DCP079M) and a Final Environmental Impact Statement (FEIS) for which a Notice of Completion was issued on June 20, 2025, in which significant adverse impacts related to hazardous materials, air quality and noise would be avoided through the placement of (E) designation (E-777) on the project sites as specified in Chapters 8, 11, and 13, respectively of the FEIS. The application, as analyzed in the FEIS, contained Project Components Related to the Environment (PCREs), which are set forth in Chapter 16 "Construction." To ensure the implementation of the PCREs, the applicant would enter into a Restrictive Declaration at the time of the approval of land use-related actions and prior to the issuance of any permits; and in addition, the proposed project as analyzed in the FEIS identified significant adverse impacts with respect to shadows and construction (noise) in which the identified significant adverse impacts and proposed mitigation measures under the proposed actions are summarized in Chapter 18, "Mitigation," of the FEIS. The significant adverse impacts that would not be fully mitigated are summarized in Chapter 19, "Unavoidable Adverse Impacts," of the FEIS. To ensure the implementation of the mitigation measures identified in the FEIS, the mitigation measures are included in the Restrictive Declaration. The Council has also considered the Technical Memorandum dated August 12, 2025 (the "Technical Memorandum").

RESOLVED:

Having considered the FEIS with respect to the Decision and Application, the Council finds that:

1. The FEIS meets the requirements of 6 N.Y.C.R.R. Part 617;
2. The environmental impacts disclosed in the FEIS were evaluated in relation to the social, economic, and other considerations associated with the actions that are set forth in this report;
3. Consistent with social, economic, and other essential considerations, from among the reasonable alternatives provided in the application, the actions are those which minimize or avoid adverse environmental impacts to the maximum extent practicable; and
4. The adverse environmental impacts disclosed in the FEIS will be minimized or avoided to the maximum extent practicable by incorporating as conditions to the approval, pursuant to the restrictive declaration dated June 30, 2025, those project components related to the environment and mitigation measures that were identified as practicable.

The Decision, together with the FEIS issued June 20th, 2025, constitute the written statement of facts, and of social, economic and other factors and standards that form the basis of this determination, pursuant to 6 N.Y.C.R.R. §617.11(d);

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Pursuant to Sections 197-d and 200 of the City Charter and on the basis of the Decision and Application, and based on the environmental determination and consideration described in the report, C 250153 ZSM, and the Technical Memorandum, incorporated by reference herein, and the record before the Council, the Council approves the Decision of the City Planning Commission, with the following modifications.

1. The property that is the subject of this application (C 250153 ZSM) shall be developed in size and arrangement substantially in accordance with the dimensions, specifications and zoning computations indicated on the following plans, prepared by Ennead Architects, LLP, filed with this application and incorporated in this resolution:

Development Option A (Drawing Set A)

<u>Drawing No.</u>	<u>Title</u>	<u>Last Revised Date</u>
Z-02	Zoning Analysis	06/27/2025 08/11/2025
Z-02.1	Streetscape Regulations	06/27/2025 08/11/2025
Z-03	Zoning Diagram	06/27/2025 08/11/2025
Z-04	Zoning Lot Site Plan	06/27/2025 08/11/2025
Z-05	Waiver Plan	06/27/2025 08/11/2025
Z-07	Waiver Section East West Through Hospital Addition on 76 Street	06/27/2025 08/11/2025
Z-08	Waiver Section East West Through Lobby Addition on Park Avenue	06/27/2025 08/11/2025
Z-09	Waiver Section East West Through Lobby Addition on Park Avenue	06/27/2025 08/11/2025
Z-10	Waiver Sections North South	06/27/2025 08/11/2025
Z-11	Waiver Sections North South	06/27/2025 08/11/2025
Z-12	Waiver Sections North South	06/27/2025 08/11/2025
ZZ-01	Accessibility Program Bonus Plan and Section	06/27/2025 08/11/2025

~~Development Option B (Drawing Set B)~~

<u>Drawing No.</u>	<u>Title</u>	<u>Last Revised Date</u>
Z-02	Zoning Analysis	06/27/2025
Z-02.1	Streetscape Regulations	06/27/2025

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Z-01	Zoning Lot Site Plan	06/27/2025
Z-05	Waiver Plan	06/27/2025
Z-07	Waiver Section East West Through	
	Hospital Addition on 76 Street	06/27/2025
Z-08	Waiver Section East West Through	
		06/27/2025
Z-09	Waiver Section East West Through	
	Lobby Addition on Park Avenue	06/27/2025
		06/27/2025
Z-11	Waiver Sections North South	06/27/2025
Z-12	Waiver Sections North South	06/27/2025
ZZ-01	Accessibility Program Bonus Plan	
	and Section	06/27/2025

2. Such development shall conform to all applicable provisions of the Zoning Resolution, except for the modifications specifically granted in this resolution and shown on the plans listed above which have been filed with this application. All zoning computations are subject to verification and approval by the New York City Department of Buildings.
3. Such development shall conform to all applicable laws and regulations relating to its construction, operation and maintenance.
4. All leases, subleases, or other agreements for use or occupancy of space at the subject property shall give actual notice of this special permit to the lessee, sublessee or occupant.
5. In the event the property that is the subject of the application is developed, sold as, or converted to condominium units, a homeowners' association, or cooperative ownership, a copy of this resolution and restrictive declaration described above and any subsequent modifications to either document shall be provided to the Attorney General of the State of New York at the time of application for any such condominium, homeowners' or cooperative offering plan and, if the Attorney General so directs, shall be incorporated in full in any offering documents relating to the property.
6. The development shall include those mitigation measures listed in the Final Environmental Impact Statement (CEQR No. 23DCP079M) issued on June 20, 2025, and identified as practicable.
7. Upon the failure of any party having any right, title or interest in the property that is the subject of this application, or the failure of any heir, successor, assign, or legal representative of such party, to observe any of the covenants, restrictions, agreements, terms or conditions of this resolution whose provisions shall constitute conditions of the

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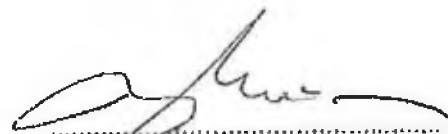
special permit hereby granted, the City Planning Commission may, without the consent of any other party, revoke any portion of or all of said special permit. Such power of revocation shall be in addition to and not limited to any other powers of the City Planning Commission, or of any other agency of government, or any private person or entity. Any such failure or breach of any of the conditions as stated above, may constitute grounds for the City Planning Commission or City Council, as applicable, to disapprove any application for modification, renewal or extension of the special permit hereby granted or of the attached restrictive declaration.

8. Neither the City of New York nor its employees or agents shall have any liability for money damages by reason of the city's or such employee's or agent's failure to act in accordance with the provisions of this special permit.

Adopted.

Office of the City Clerk, }
The City of New York, } ss.:

I hereby certify that the foregoing is a true copy of a Resolution passed by The Council of The City of New York on August 14, 2025, on file in this office.


.....
City Clerk, Clerk of The Council

August 13, 2025

New York City Council
City Hall
New York, NY 10007


Re: Lenox Hill Hospital
ULURP Nos. N 250152 ZRM & C 250153 ZSM
Related Application: No. C 250151 ZMM
Borough of Manhattan

Honorable Members of the Council:

The City Planning Commission (the "Commission") has received the attached correspondence, dated August 7, 2025, from the City Council regarding the proposed modifications to the above-referenced applications submitted by Lenox Hill Hospital for a zoning text amendment (N 250152 ZRM) to, among other things, create Section 74-904 of the Zoning Resolution and for a special permit (C 250153 ZSM) pursuant to such section.

In accordance with Section 197-d(d) of the New York City Charter, the Commission, on August 13, 2025, determined that the City Council's proposed modifications do not require additional review of environmental issues or pursuant to Section 197-c of the Charter.

Very truly yours,


Daniel R. Garodnick

c: E. Botsford
A. Schierenbeck

D. DeCerro
S. Whitham

A. Mohyuddin
D. Answini