

May 16, 2019

The Honorable Tyisha Walker-Myers
President, Board of Alders
City of New Haven
165 Church Street
New Haven, CT 06510

Re: Determination of No Amendment Required to Yale New Haven Hospital Medical Area
Overall Parking Plan

Dear President Walker-Myers and Honorable Members of the Board of Alders:

Yale New Haven Hospital (“YNHH”) hereby requests that the Board make a determination and adopt the necessary resolutions by unanimous consent at its May 20, 2019 meeting certifying that the following three applications do not require an amendment to the Medical Area Overall Parking Plan (“MAOPP”):

1. 150 Sargent Drive: proposed interior renovations to the existing YNHH building to effect the relocation of the Cornell-Scott Hill Health Center and the Fair Haven Community Health Center to the site and the transfer of the YNHH primary care services to these Community Health Centers under the purview of the CT Office of Health Strategy. Medical use was established under the 1970 Land Disposition Agreement between New Haven and Community Healthcare Center Plan, Inc. for the construction of a community health center and related facilities. Minor exterior renovations include flood proofing, the installation of an exterior insulation and finishing system, and the regrading and restriping of the parking area. This work requires site plan and coastal site plan approval from the City Plan Commission (“City Plan”)
2. 175 Sherman Avenue: proposed upgrades to the interior of the building to provide expanded physician office space and improve access into the building from the parking field on the building’s north entrance and with the addition of an accessible ramp, new stairs, and a canopy on the Sherman Avenue façade. This work requires site plan approval from City Plan.
3. 501 George Street: proposed relocation of the daycare currently located on the Saint Raphael’s campus to 501 George Street. This relocation will require approval of a special exception from the Board of Zoning Appeals (“BZA”) and site plan approval from City Plan for the daycare use (collectively “Daycare Relocation Applications”).

150 Sargent Drive

YNHH seeks site plan approval and coastal site plan pursuant to § 64(f) of the New Haven Zoning Ordinance (“Ordinance”). The proposed project involves complete interior renovation of both floors of the existing Healthcare Clinic building located at 150 Sargent Dr. The first floor (29,227 square feet) will be completely renovated for space to serve Radiology, Blood Draw, and Federally Qualified Health Center (FQHC) clinics for Pediatrics and Women’s Health. The second floor (22,847 square feet) will be completely renovated for space to serve Women, Infants, and Children (WIC), office space for the Women’s Health FQHC, and clinic space for Internal Medicine FQHC. The existing use per the 1970 Land Disposition Agreement is a community health center, and no change in use will occur as part of this project.

The building mechanical, electrical, plumbing, fire alarm, and fire protection systems will be completely upgraded to comply with applicable building codes and support the new spaces. New roof top air handlers will be located on the lower roofs to serve the first floor of the building. A new air handler will be located within the second floor mechanical room to serve the second floor space. A new emergency generator and electrical transformer will be installed on an elevated concrete pad at the northeast corner of the building. New building mounted exterior light fixtures will also be installed as part of the proposed project.

The exterior envelope of the existing building will be upgraded to provide greater thermal and energy efficiency. Improvements to the exterior walls will include new air/vapor barrier membrane, thermally broken window and door systems, and an exterior insulation and finish system installed over the existing concrete block walls. Improvements to the roof will include new rigid roof insulation, coverboard, fully adhered roof membrane, and metal roof edge.

The existing building will be dry flood proofed to comply with the New Haven Flood Damage Prevention Ordinance and applicable building codes. A fluid-applied waterproofing membrane will be installed to provide dry-flood proofing to the building at an elevation of 13.86’. Pedestrian flood barrier doors with automatic closers will be installed at all single and double exterior door locations. The main entrance vestibule floor will be raised to an elevation of 12.00’, and a stackable flood barrier provided at this larger width opening. The existing stair towers will be wet flood proofed as per the Building Code, with insulated flood vents provided. The emergency generator and electrical transformer concrete pad will be installed at the required design flood elevation of 12.00’.

YNHH and the Yale School of Medicine are subject to the MAOPP. However, as set forth on the Parking Inventory Map in the MAOPP, the Medical Area does not extend eastward to Sargent Drive. The Inventory Area extends from Sherman Ave to the west to Union Ave to the east. Parking has never been identified to the east of Union Ave. All parking for the building will be provided onsite in full compliance with IL zone requirements. YNHH is not relying on the MAOPP for parking compliance, nor are we eliminating any spaces that are part of the MAOPP.

175 Sherman Avenue

YNHH seeks site plan approval pursuant to § 64(f) of the Ordinance for exterior and interior modifications of the existing building and parking field located at 175 Sherman Avenue (the “175 Property”) at the northwest corner of Sherman Avenue and Chapel Street.

The Property consists of 0.74 acre and is improved with the former Plymouth Congregational Church, which dates to the late 1800s. In 1983, the building was adaptively repurposed for medical office use, which continues into the present as a cardiac, occupational, and orthopedic rehabilitation facility. A majority of the Property, including the building and approximately one-third of the parking field, is located in a Residence-Office (RO) zone, and the balance of the parking field is located in an RM-2 zone. Pursuant to § 17(b)(2), doctors’ and other professionals’ offices are permitted in the RO zone as-of-right.

While the existing rehabilitation uses will remain, YNHH proposes a substantial upgrade to the interior of the building to provide better and more convenient patient care, including expanded space for a total of ten physicians, plus an additional 2,083 square feet of other office space. In addition, for the safety and convenience of its patients, YNHH proposes to improve access into the building both directly from Sherman Avenue on the building’s west entrance with the addition of an accessible ramp, new stairs, and a canopy, and also from the parking field on the building’s north entrance. Copies of the relevant site development materials are included in this letter.

The staff that will occupy the building upon its completion currently either work at the current facility or on the Saint Raphael campus across Chapel Street, and thus no increase in the total number of staff is proposed. The relocation of these staff currently working on the Saint Raphael campus will facilitate the proposed development of the Neuroscience Center.

Section 17(b)(2)(5) of the Ordinance provides that the required parking is three parking spaces per practitioner in the case of doctors and one parking space for each 600 square feet of net floor area used or intended to be used for offices in all other cases. As a result, a total of 33 spaces are required and 39 are provided. Nevertheless, all physicians and staff that work within the facility are employed by YNHH and will continue to park on the Saint Raphael campus as they do today.

Because all required parking is provided on the 175 Property, there will be no impact on parking availability or parking options.

501 George Street

YNHH currently operates a child daycare center at 1450 Chapel Street, located within the Saint Raphael campus located at the northeast corner of Sherman Avenue and George Street. In order to accommodate the proposed Neuroscience Center, the daycare must be relocated from its current location prior to the start of any construction activities on the campus. YNHH proposes to relocate the center to the existing building located at 501 George Street (the “501 Property”),

which is approximately 1,800 feet to the east of the existing center. The Property is located within an RM-2 zone, in which child daycare centers are permitted subject to special exception approval from the BZA. Copies of the relevant site development materials are included in this letter.

Section 13(b)(3)(3) of the New Haven Zoning Ordinance provides that the required parking for child daycare centers is "one (1) passenger drop-off/pick-up loading space for each 24 children or fraction thereof" plus one (1) space for each three (3) employees. As a result, the George Street center is required to provide three (3) drop-off/pick-up loading spaces plus eight (8) parking spaces for staff. YNHH proposes a total of seven (7) parking spaces on the Property, all of which shall be reserved exclusively for drop-off/pick-up.

It is anticipated the George Street daycare center will accommodate approximately 60 children, with a staff of approximately 23. Because the daycare center operates from 6:30 AM until 5:30 PM, the staff operates on shifts such that all staff members are never working at the center at any one time. All daycare center staff members are employed by YNHH and those staff who drive to work currently park on the St. Raphael campus within the McGivney Lot located at 671 George Street.

Upon the relocation of the center to 501 George Street, daycare staff will continue to park at the McGivney lot. The McGivney lot contains 62 parking spaces, for which no permits are issued. As a result, there are 62 available spaces for the eight (8) required staff parking spaces. This is consistent with the MAOPP which provides that centralized parking recognizes "the inefficiency and lack of feasibility of providing separate parking at each individual building in a developed urban setting such as New Haven, the fluidity of a walkable and bicycle friendly campus environment, and the provision of transportation options by participating institutions."

If the Daycare Relocation Applications are approved, there will be no impact on parking availability or parking options. The center will exceed the number of required on-site parking spaces for drop-off/pick-up and employees will continue to park at the McGivney lot.

Therefore, for the foregoing reasons, YNHH requests that the Board make a determination that there are no changes or amendments required to the MAOPP as a result of these three applications and issue a resolution by unanimous consent on First Communication certifying that an amendment to the MAOPP is not required in connection. A draft resolution for each respective property is enclosed.

Sincerely,



Stephen J. Carbery
Vice President, Facilities Design, Construction & Real Estate
Yale New Haven Health
Enclosures

BOARD OF ALDERS
DRAFT RESOLUTION

RESOLUTION OF THE BOARD OF ALDERS CERTIFYING THAT NO AMENDMENT TO THE YALE NEW HAVEN HOSPITAL / YALE UNIVERSITY SCHOOL OF MEDICINE MEDICAL AREA OVERALL PARKING PLAN IS REQUIRED FOR THE APPLICATION FOR SITE PLAN AND COASTAL SITE PLAN REVIEW PERTAINING TO 150 SARGENT DRIVE

WHEREAS, by communication dated May 16, 2019 from Stephen J. Carbery, Vice President of Facilities, Design & Construction and Real Estate, Yale New Haven Hospital (“YNHH”) has requested the Board make a determination and adopt a resolution by unanimous consent certifying that an amendment to the Medical Area Overall Parking Plan (“MAOPP”) is not required for the Application for Development Permit/Site Plan and Coastal Site Plan review submitted to the City Plan Commission on or about April 17, 2019 for the 150 Sargent Drive Property (the “Application”);

WHEREAS, in order to effect the relocation of the Cornell-Scott Hill Health Center and the Fair Haven Community Health Center to the Property and the transfer of the YNHH primary care services to these Community Health Centers under the purview of the CT Office of Health Strategy, YNHH seeks to renovate the interior of the building and complete minor exterior renovations, which include flood proofing, the installation of an exterior insulation and finishing system, and the regrading and restriping of the parking area.

WHEREAS, the entire building will remain dedicated to community healthcare.

WHEREAS, the 150 Sargent Drive Property has sufficient parking onsite to meet the requirements of the New Haven Zoning Ordinance without reliance on the MAOPP;

NOW THEREFORE, BE IT RESOLVED, that the request of YNHH is approved and the Board of Alders hereby determines and certifies that there are no changes required to the MAOPP as a result of the modifications to the 150 Sargent Drive Property as set forth in the Application.

APPLICATION TO BOARD OF ZONING APPEALS FOR A SPECIAL EXCEPTION

I. LOCATION of Property 501 George Street St. Ave. Zoning District RM-2
Building Line _____
north east side between Dwight Street St. Ave. and Day Street St. Ave.
south west
north east corner of George Street and Dwight Street St. Ave.
south west

II. Name of OWNER Yale New Haven Hospital, Inc. Address 20 York Street, New Haven, CT
Date of Purchase 9/29/2017
Also, required:
• Proof of ownership
• Proof of agency
• Proof of some other right to property

Name of present tenant N/A or proposed purchaser N/A
Name and signature of APPLICANT [Signature] V.P. FACILITIES YNHNH
STEPHEN J. CARBEY Address 187 HOWARD AVE. NEW HAVEN CT 06519
Party to be notified John W. Knuff, Agent, JKnuff@hssklaw.com Attorney [Signature] Address 147 N. Broad Street, Milford, CT 06460
Telephone No. 203 877-9000

III. THE SPECIAL EXCEPTION (S) sought involve (s):
 Use of property. Proposed Use: Child daycare center
 Other matters (describe precisely):

IV. SECTION (S) of zoning ordinance giving Board of Zoning Appeals authority to grant the requested special exception (s):
TABLE 1 CHILD DAYCARE CENTER, Section 14(b)(1) and Section 13(b)(3)(d)

V. Paragraph 63(D)(6) (does) (does not) require referral of this case to the City Plan Commission after Board hearing.

VI. LOT Dimensions (width x depth): 150' X 100' LOT Area: 15,000 SF
List all EXISTING BUILDING (S) AND USE (S) on this lot, giving symbol for legal basis of each. (PR- permitted as right; PS-permitted by special exception; PV-previous variance; NCU-nonconforming use existing at effective date of ordinance or amendment; CAL-previous certificate of approval of location - motor vehicle uses):
(1) Former Ronald Mcdonald House - site is currently vacant
(2)
(3)

VII. SUMMARY of reasons asserted for the granting of this special exception, including any relevant discussion of subsection 63(D) of the zoning ordinance and the section (s) cited in question IV above, and listing of any proposed conditions and safeguards (attach additional sheet if needed):
See attached

New Haven...⁴/₁₁...2019.....

XIII.
State of Connecticut
County of New Haven

Personally appeared..... John W. Kruff
Authorized Agent for..... Yale New Haven Hospital, Inc. Owner, who made oath
that the statements herein were true and correct before me.

Donna S. Worroll
.....
Donna S. Worroll Notary Public

- XIV. Hearing Fee to be paid upon filing of this Application
 Special Exception
 Special Exception (PDU)
 Required plans filed with Appeal as follows:

DONNA S. WORROLL
Notary Public, State of Connecticut
My Commission Expires April 30, 2020

- (a) 10 copies of a scaled PLOT PLAN, with a North arrow, showing the lot in question and the following if applicable:
1. existing buildings,
2. proposed construction and use of outdoor areas,
3. existing and proposed curb cuts, driveways, and parking and loading facilities,
4. existing and proposed fences, walls, landscaping and signs,
5. such other information as may be required to define the exact nature of the Special Exception requested.
- (b) 10 copies of scaled FLOOR PLANS and ELEVATIONS:
for each floor and each side of proposed construction, including use of all floor areas.

BELOW THIS LINE FOR BOARD USE ONLY

- XV. Communication with regard to this Appeal received from:
 City Plan Dept Health Dept. Bureau of Engineering
 Dept of Traffic & Parking Police Dept. _____
 LCI - Livable City Initiative Fire Dept. _____

XVI. Previous Board of Zoning Appeals cases at this location (file number, year, proposed construction and/or, Board decision, and court decision where applicable).

NEW HAVEN BOARD OF ZONING APPEALS

NOTICE is hereby given that State Law requires the Board of Zoning (BZA) to hold a public hearing to review your application and/or appeal. The BZA will make its decision based upon testimony at the public hearing and the documents you submit with your application.

TO BE CONSIDERED COMPLETE, your application *MUST* include the documents and required information listed below.

If you fail to submit the *REQUIRED DOCUMENTS AND INFORMATION* to describe the zoning relief requested, *YOUR APPLICATION AND/OR APPEAL MAY BE DENIED.*

REQUIRED MATERIALS

- 1. **SIGNED AND NOTARIZED ORIGINAL APPLICATION/APEAL FORM** *SUBMITTED*
 Answer all questions completely and include a clear, detailed description of your zoning relief proposal. *YES NO*

- 2. **SCALED SITE PLAN** *SUBMITTED*
 Ten (10) copies of Scaled Plans representing the zoning relief sought *YES NO*
 (A MINIMUM SCALE OF 1 INCH = 20 FEET IS STRONGLY RECOMMENDED)

SCALED SITE PLAN with North arrow showing the lot in question and if any:

- Existing buildings;
- Proposed construction and use of indoor and outdoor areas;
- Existing and proposed curb cuts, driveways, parking and loading facilities;
- Existing and proposed fences, walls, landscaping and signs;

If you are seeking yard variances within five (5) feet of a property line or a lot split a Class A-2 Survey may be required.

- 3. **FLOOR PLANS AND ELEVATIONS** *SUBMITTED*
 Ten (10) copies of the following if applicable *YES NO*
 SCALED FLOOR PLAN of each floor including use of all floor area.
 SCALED ELEVATIONS for each side, if new construction is proposed.
 A MINIMUM SCALE OF 1/8 INCH = 1 FOOT IS STRONGLY RECOMMENDED

For any change in zoning use classification under the state building code (BOCA), or for any construction costing more than \$25,000, an Architect or Engineer *must* prepare your plans on a Class A-2 Survey base.

- 4. **OTHER INFORMATION**, as necessary to clearly define the nature of the zoning relief or Special Exception sought such as:
 - Days and hours of operation
 - Provisions for Employee Parking
 - Number of Employees
 - Signs

NOTE: Required Materials are to be submitted as follows: *SUBMITTED*
 a.) The Original Application form and b.) ALL copies of plans and other *YES NO*
 materials sorted, folded and stapled in sets (ten total).

ONCE FILED, FILING FEES(S) FOR YOUR APPLICATION/APEAL ARE NOT REFUNDABLE

I HAVE READ THIS NOTICE AND UNDERSTAND THAT MY APPLICATION AND/OR APPEAL MAY BE *DENIED* IF THE MATERIALS REQUIRED TO BE SUBMITTED ARE NOT COMPLETE.

BY: 
 Signature of Applicant

John W. Knuff, Agent

Date: APRIL 11 20 19

Telephone Number 203. 877. 8000

Application of Yale New Haven Hospital (“YNHH”)
Special Exception for Child Daycare Center Use
501 George Street
Parking Narrative

YNHH currently operates a child daycare center within the building located at the northeast corner of Sherman Avenue and George Street within the St. Raphael campus with an address of 1450 Chapel Street. YNHH proposes to relocate the child daycare center to the existing building located at 501 George Street (the “Property”), which is approximately 1,800 feet to the east of the existing center. The Property is located within an RM-2 zone, and child daycare centers are permitted in the RM-2 zone subject to special exception approval from the Board of Zoning Appeals.

It is anticipated the George Street daycare center will accommodate approximately 60 children, with a staff of approximately 23. Because the daycare center operates from 6:30 AM until 5:30 PM, the staff operates on shifts such that all staff members are never working at the center at any one time.

Section 13(b)(3)(~~3~~¹) of the New Haven Zoning Ordinance provides that the required parking for child daycare centers is “one (1) passenger drop-off/pick-up loading space for each 24 children or fraction thereof” plus one (1) space for each three (3) employees. As a result, the George Street center is required to provide three (3) drop-off/pick-up loading spaces plus eight (8) parking spaces for staff. The Application proposes a total of seven parking spaces on the 501 George Street property, all of which shall be reserved exclusively for drop-off/pick-up.

All daycare center staff members are employed by YNHH and those staff who drive to work currently park on the St. Raphael campus within the McGivney Lot located at 671 George Street. Upon the relocation of the center to 501 George Street, staff will be required to continue to park at the McGivney lot.

The McGivney lot is included within the 2018 Medical Area Overall Parking Plan (“MAOPP”), which plan is submitted to and approved each year by the New Haven Board of Alders. The McGivney lot contains 62 parking spaces, for which no permits are issued. As a result, there are 62 available spaces for the eight (8) required staff

parking spaces. This is consistent with the MAOPP which provides that centralized parking recognizes “the inefficiency and lack of feasibility of providing separate parking at each individual building in a developed urban setting such as New Haven, the fluidity of a walkable and bicycle friendly campus environment, and the provision of transportation options by participating institutions.”

It is respectfully suggested, therefore, that more than sufficient parking is provided for staff to the daycare center use at the Property such that the Applicant is not required to obtain any form of parking relief.

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit

DATA

CHECK BOX WHERE APPROPRIATE. PRINT OR TYPE INFORMATION IN SPACE PROVIDED.

1. Project Address(es)

501 GEORGE STREET

A/K/A:

Tax Map-Block-Parcel(s)

297/0215/01600

Nearest Cross Street:

	THIS BOX IS FOR CITY USE ONLY		
	File #	Fee Paid	Date [yy-mm-dd]
<input type="checkbox"/> Check Here if Fee Exempt.			
<input type="checkbox"/> As-of Right	# _____	\$ _____	____/____/____
<input type="checkbox"/> Zoning Relief	# _____	\$ _____	____/____/____
<input type="checkbox"/> Development Permit	# _____	\$ _____	____/____/____
..... This includes <input type="checkbox"/> Site Plan Review. <input type="checkbox"/> CSPPR ... <input type="checkbox"/> SESC... <input type="checkbox"/> IW			
<input type="checkbox"/> Flood Development Permit	# _____	\$ _____	____/____/____
<input type="checkbox"/> Performance Bond	# _____	\$ _____	____/____/____
<input type="checkbox"/> Building Permit	# _____	\$ _____	____/____/____

2. Property Owner Information & Consent

Name: **Yale-New Haven Hospital Inc.**

Firm

Street Address: **20 York Street**

City: **New Haven** State: **CT** ZIP: **06510**

Daytime Phone: c/o (203) 877-8000 (Agent: John W. Knuff)

Business Home Answering Service

Fax: c/o (203) 878-9800 Cell: _____

E-Mail: c/o JKnuff@hssklaw.com

As OWNER OF THE PROPERTY I hereby authorize this development permit application, and:

1. I consent to necessary and proper inspections of the above property by agents of the City at a reasonable time after an application is made, and
2. I certify that I am familiar with all of the information provided in this application, and
3. I am aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties, and
4. I certify that this project conforms to zoning or has applied for or been granted zoning relief.

Dated: _____, 2019

STEPHEN J. CAROCCI Signature of PROPERTY OWNER FOR YNHM *V.P.*

3. Applicant Information & Certification

Check here if SAME AS OWNER (Fill in only if not same as Owner.)

Name

Firm

Street Address

City State ZIP

Daytime Phone: _____

Business Home Answering Service

Fax: _____ Cell: _____

E-Mail: _____

As APPLICANT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: _____, 20 ____

Signature of APPLICANT

4. Authorized Agent Information

Check here if SAME AS OWNER (Fill in only if not same as Owner.)

Name: **John W. Knuff, Esq.**

Firm: **Hurwitz, Sagarin, Slossberg & Knuff, LLC**

Street Address: **147 N. Broad Street**

City: **Milford** State: **CT** ZIP: **06460**

Daytime Phone: (203) 877-8000

Business Home Answering Service

Fax: 203 878-9800 Cell: _____

E-Mail: JKnuff@hssklaw.com

Check One: The AUTHORIZED AGENT for the attached Development Application is:

Lessee Attorney Architect Engineer Real Estate Agent Contractor Other-Specify _____

As AUTHORIZED AGENT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: _____, 2019

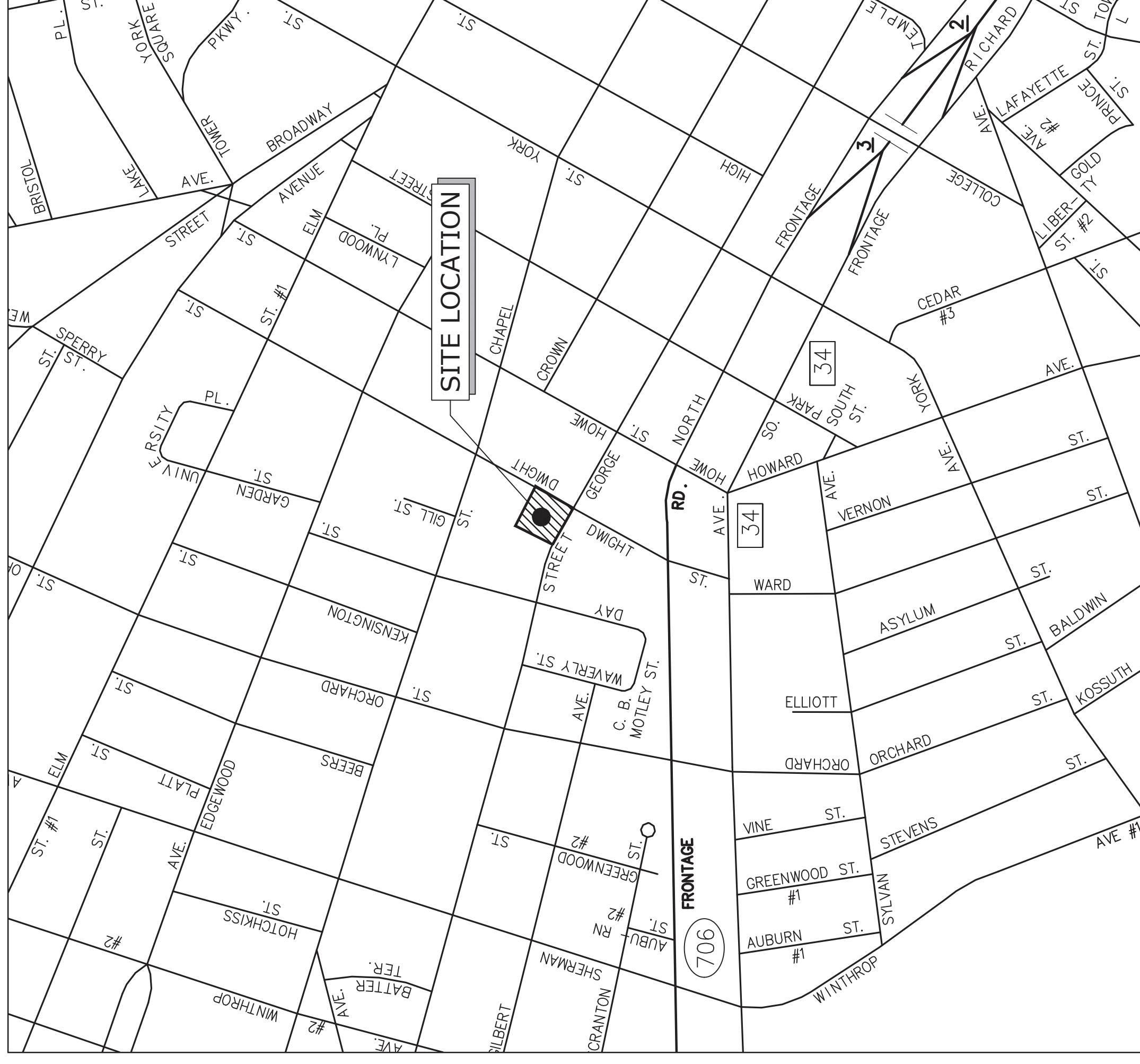
Signature of AUTHORIZED AGENT JOHN W. KNUFF

YALE NEW HAVEN HEALTH 501 GEORGE STREET RENOVATION

APRIL 11, 2019

NEW HAVEN BOARD OF ZONING APPEALS SUBMISSION

LIST OF DRAWINGS	
SHEET NO.	SHEET TITLE
	COVER
B-1	EXISTING CONDITIONS MAP FOR RONALD McDONALD HOUSE OF NEW HAVEN, CT
C-001	GENERAL NOTES, LEGEND, AND ABBREVIATIONS
C-002	SITE DEMOLITION PLAN
C-101	SITE LAYOUT PLAN
C-102	SITE MATERIALS AND PLANTING PLAN
PZ-1	FLOOR PLANS
PZ-2	EXTERIOR ELEVATIONS
	PLAYSCAPE PLAN

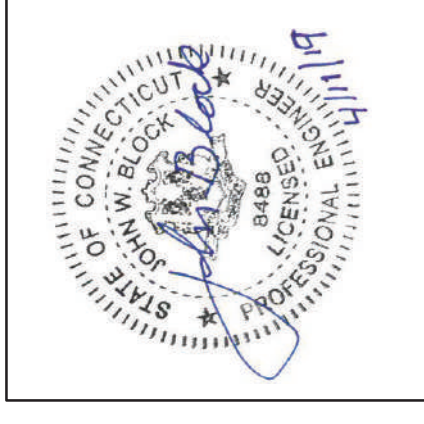


LOCATION MAP
SCALE: 1" = 500'

PREPARED BY:
Tighe & Bond
Engineers | Environmental Specialists



CHARLES J. CROCE, PE



JOHN W. BLOCK, PE, IS

PREPARED FOR:
YALE NEW HAVEN HEALTH

MAP REFERENCES:
 1) CITY OF NEW HAVEN STREET LAYOUT GEOMETRY MAP #42, DEC. 1927.

NOTES:
 1) BEARINGS AND COORDINATES ARE BASED ON 1927 NORTH AMERICAN DATUM (NAD 27) AS ESTABLISHED BY TM 56 AND TM 58 CGS MONUMENTS.
 2) ELEVATIONS ARE BASED ON 1988 NORTH AMERICAN DATUM (NAD 88) AS ESTABLISHED BY TM 56 AND TM 58 CGS MONUMENTS.

Disclaimer: The engineer, planner, architect, contractor, utility, shall have been located from limited field survey information and existing drawings. The surveyor makes no guarantee that the underground utilities shown are correct. To meet the requirements of our professional liability insurance, the terms of this contract shall be void if the engineer, planner, architect, contractor, utility, or any other person, firm, or company, in reliance on the information, knowledge, and belief of the engineer, and are not on unconditional certification, warranty or guarantee which are not covered under the policy.

REVISIONS TO THESE PLANS BY ANYONE OTHER THAN KJA SHALL MAKE THESE PLANS NULL AND VOID. KJA SHALL MAKE NO RESPONSIBILITY FOR SAID REVISIONS.

REVISION: 7
 REVISION: 6
 REVISION: 5
 REVISION: 4
 REVISION: 3
 REVISION: 2
 REVISION: 1

PROJECT: 216069 - T&B GEORGE
 DR:DPH SR:JS-DTH DR:DPH

SEAL:

SURVEY NOTES:
 THIS MAP HAS BEEN PREPARED IN ACCORDANCE WITH THE STANDARDS FOR SURVEYS AND MAPS IN THE STATE OF CONNECTICUT AS ADOPTED FOR USE BY THE REGULATIONS OF CONNECTICUT STATE AGENCIES OF SURVEYORS AND MAPPERS (CT SECTIONS 20-300b-1 TO 20-300b-20).

THE TYPE OF SURVEY PERFORMED IS AN IMPROVEMENT LOCATION MAP.
 BOUNDARY DETERMINATION IS BASED UPON A DEPENDENT RESURVEY.
 THIS SURVEY CONFORMS TO A CLASS A-2 & T-2
 TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS MAP IS SUBSTANTIALLY CORRECT AS NOTED HEREON.

James N. Skarabich
 CT P.E. & L.S. #11302

kratzer, jones & associates, inc.
 CIVIL ENGINEERS & LAND SURVEYORS
 SITE PLANNERS • BUILDING ENGINEERS

P.O. BOX 3376 BURY RD.
 WILDALE, CT 06467-0337

PHONE: (860) 651-3638
 FAX: (860) 651-0689
 EMAIL: INFO@KRATZERJONES.COM

EXISTING CONDITIONS MAP

for
RONALD McDONALD HOUSE OF NEW HAVEN

501 GEORGE STREET
 NEW HAVEN, CT

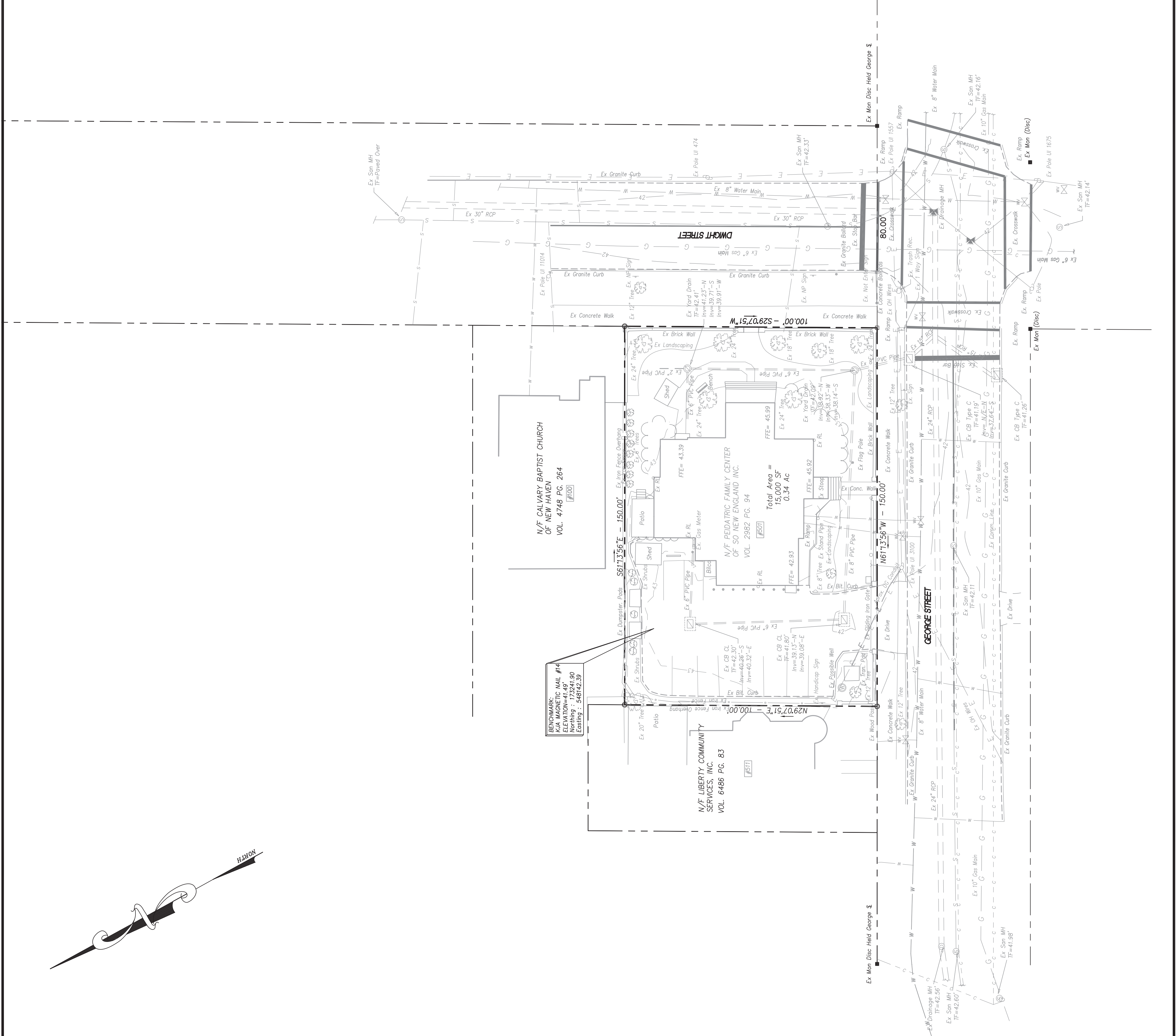
SCALE: 1" = 20'
 DATE: JULY 13, 2016

ONE INCH TWO INCHES ON ORIGINAL

KJA FILE NO. : **216069**
 DRAWING NO. : **B-1**

LEGEND

PROPERTY LINE
 IRON PIN TO BE SET
 EXISTING IRON PIN
 MONUMENT TO BE SET
 EXISTING MONUMENT
 EXISTING SANITARY MANHOLE
 EXISTING STORM MANHOLE
 EXISTING CATCH BASIN
 EXISTING LIGHT
 EXISTING HYDRANT
 EXISTING GAS VALVE
 EXISTING WATER VALVE
 EXISTING UTILITY POLE
 EX. EDGE OF ROAD (CURBED)
 EX. EDGE OF DRIVEWAY
 EX. SANITARY SEWER LINE
 EX. WATER LINE
 EX. WATER RAIL
 EX. CONTOUR





NOT FOR CONSTRUCTION



NEW HAVEN BOARD OF ZONING APPEALS SUBMISSION

501 GEORGE STREET RENOVATION

YALE NEW HAVEN HEALTH

501 GEORGE STREET NEW HAVEN, CT

MARK	DATE	DESCRIPTION
Y0079-038	04/11/2019	PROJECT NO.
FILE: Y0079-38-C-002-DEMO.dwg		DATE:
		DRAWN BY: NDS
		CHECKED: KMW/CIC
		APPROVED: JWB

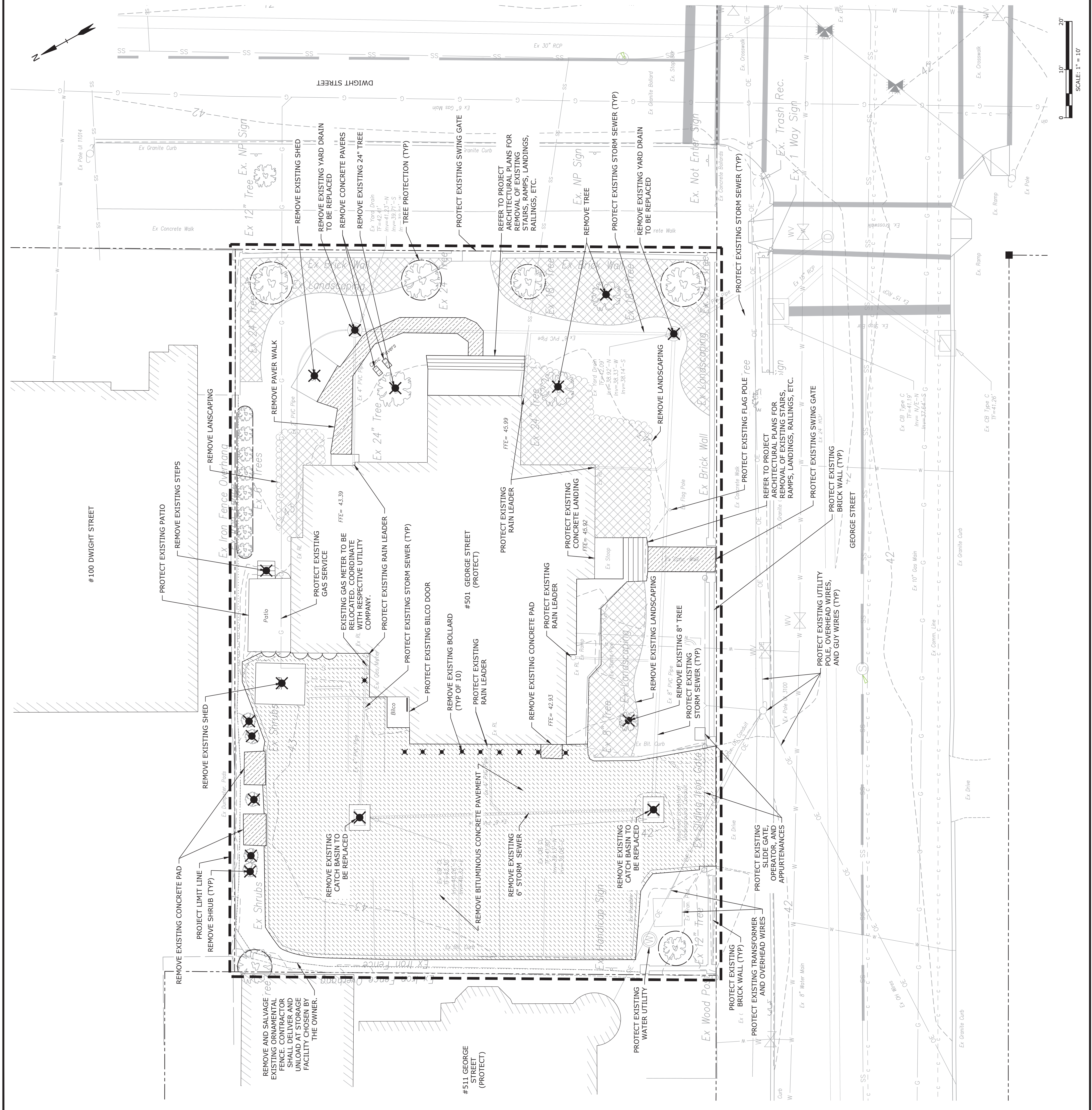
SITE DEMOLITION PLAN
SCALE: AS NOTED
C-002

SITE DEMOLITION PLAN NOTES

- UTILITY, STRUCTURE AND FACILITY LOCATIONS SHOWN HEREON WERE PLOTTED FROM INFORMATION SUPPLIED BY RESPECTIVE UTILITY COMPANIES AND DATA OBTAINED FROM FIELD SURVEYS AND AS-BUILT DRAWINGS. THE ACCURACY AND COMPLETENESS OF SURFACE INFORMATION SHOWN ON THESE DRAWINGS IS NOT GUARANTEED. THE CONTRACTOR SHALL DETERMINE FOR HIMSELF THE LOCATIONS AND ELEVATIONS OF ALL UTILITIES WHICH MAY AFFECT HIS CONSTRUCTION OPERATIONS. THE CONTRACTOR MUST ADEQUATELY PROTECT AND SUPPORT UTILITIES AND HE SHALL BE RESPONSIBLE FOR ALL DAMAGE INCURRED AT NO EXPENSE TO THE OWNER. ANYONE USING UTILITY INFORMATION AND DATA PROVIDED HEREIN SHALL CONTACT "CALL BEFORE YOU DIG", 1-800-922-4455 OR WWW.CBD.COM, 72 HOURS IN ADVANCE TO VERIFY THE LOCATION OF UTILITIES PRIOR TO STARTING CONSTRUCTION.
- REFERENCE IS MADE TO PLAN ENTITLED "EXISTING CONDITIONS MAP FOR RONALD MCDONALD HOUSE OF NEW HAVEN 501 GEORGE STREET NEW HAVEN, CT" PREPARED BY KRATZERT JONES & ASSOCIATES, INC., DATED JULY 13, 2016.
- THE CONTRACTOR IS TO USE CAUTION WHEN WORKING NEAR OVERHEAD AND UNDERGROUND UTILITIES.
- ALL UTILITY BOXES, FRAMES, AND GRATES, ETC. AFFECTED BY THE CONSTRUCTION ACTIVITIES SHALL BE RELOCATED OR PROTECTED TO THE GRADE. ALL COST RELATED TO SUCH WORK SHALL BE CONSIDERED INCLUDED IN THE BID PRICE.
- EXCAVATION OF ANY TYPE SHALL BE ACCOMPLISHED IN SUCH A MANNER THAT UNDERGROUND UTILITIES OR STRUCTURES ARE NOT DAMAGED. IT SHALL BE THE CONTRACTOR'S SOLE RESPONSIBILITY FOR ANY DAMAGED INCURRED DURING EXCAVATION OPERATIONS. ALL EXCAVATION SHALL BE IN CONFORMANCE WITH THE LATEST OSHA REQUIREMENTS.
- THE CONTRACTOR SHALL RECORD THE LOCATIONS OF ALL UNDERGROUND UTILITIES ON THE PLAN DURING CONSTRUCTION. THE UTILITIES SHOWN HEREON ARE BASED ON PERMANENT SURFACE FEATURES AND COMPILED BY THE CONTRACTOR ON RECORD DRAWINGS. AN AS-BUILT SURVEY SHALL BE PREPARED BY A SURVEYOR LICENSED IN THE STATE OF CONNECTICUT SUBMITTED TO THE OWNER AND ENGINEER FOR REVIEW AND APPROVAL 2 WEEKS PRIOR TO APPLYING FOR CERTIFICATE OF OCCUPANCY.
- ANY AND ALL WORK PERFORMED ON THE CITY OF NEW HAVEN RIGHT-OF-WAY SHALL BE REQUIRED TO MEET THE CITY OF NEW HAVEN STANDARDS.
- THE CONTRACTOR SHALL TAKE EXTREME CARE TO PROTECT ALL EXISTING STRUCTURES, SURFACE IMPROVEMENTS, LANDSCAPING, ETC. OUTSIDE THE PROJECT LIMIT LINE AND SHALL RESTORE ANY DAMAGE TO THESE ITEMS TO PRE-DAMAGE CONDITION OR BETTER.
- CONTRACTOR SHALL SAWCUT EXISTING PAVEMENT AND SIDEWALK AREAS AS REQUIRED BY THE CONTRACT DRAWINGS OR THE OWNER'S REPRESENTATIVE PRIOR TO THE START OF ANY EXCAVATION AND AT ALL LOCATIONS WHERE THE PROPOSED PAVEMENT/CONCRETE WALK MEET EXISTING PAVEMENT/CONCRETE WALK.
- SAWCUT LIMITS FOR UTILITY CONNECTIONS ARE APPROXIMATE IN NATURE. ACTUAL SAWCUT LIMITS, PAVEMENT/CONCRETE REMOVAL AND REPLACEMENT, SHALL BE DETERMINED IN THE FIELD BY THE CONTRACTOR. THE CONTRACTOR SHALL BE RESPONSIBLE TO INSTALL THE PROPOSED WORK TO COINCIDE WITH THE NEAREST JOINT IN CONCRETE WALK REQUIRED TO INSTALL THE PROPOSED WORK.
- THE CONTRACTOR SHALL PROTECT EXISTING UTILITY STRUCTURES NOT IDENTIFIED FOR REMOVAL DURING UTILITY AND SURFACE DEMOLITION OPERATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ANY DAMAGE INCURRED TO EXISTING UTILITY STRUCTURES AND SHALL REPAIR OR REPLACE THE EXISTING UTILITY STRUCTURES TO PRE-DAMAGED CONDITION OR BETTER TO THE SATISFACTION OF THE OWNER AND AT NO ADDITIONAL COST TO THE OWNER.
- THE PLAN IS PROVIDED TO SHOW THE GENERAL EXTENT OF THE SITE UTILITY REMOVAL AND DEMOLITION. NOT ALL ITEMS REQUIRING REMOVAL MAY BE SHOWN OR CALLED OUT. THE CONTRACTOR IS RESPONSIBLE TO REMOVE AND PROPERLY DISPOSE OF ALL ITEMS ON THE SITE (ABOVE GROUND OR BELOW GROUND) WHICH ARE NOT REQUIRED TO BE SAVED OR PROTECTED AND WHICH WILL NOT BE INCORPORATED INTO THE FINAL CONSTRUCTION.
- UNLESS OTHERWISE NOTED ON THE PLANS, REMOVAL OF EXISTING BITUMINOUS CONCRETE PAVEMENT SHALL INCLUDE REMOVAL OF ALL ADJACENT CURBING.
- THE PROVISIONS OF WORKER SAFETY AND/OR HEALTH PROTOCOLS THAT ADDRESS COMPLIANCE WITH THE RULES, LAWS AND REGULATIONS PERTAINING TO CONSTRUCTION SAFETY AND/OR THE POTENTIAL AND/OR ACTUAL RISK OF EXPOSURE TO SITE SPECIFIC PHYSICAL OR CHEMICAL HAZARDS POSED TO THE CONTRACTOR'S EMPLOYEES IS SOLELY THE RESPONSIBILITY OF THE CONTRACTOR. REFER TO APPLICABLE HEALTH AND SAFETY SPECIFICATIONS.
- CONTRACTOR SHALL PROTECT ALL EXISTING UTILITIES NOT IDENTIFIED FOR REMOVAL OR ABANDONMENT. COORDINATE WITH PROPOSED UTILITY WORK.
- ALL ITEMS IDENTIFIED FOR REMOVAL/DEMOLITION SHALL BE DISPOSED OF LEGALLY OFF-SITE. ALL COSTS SHALL BE INCLUDED IN THE LUMP SUM BID PRICE.
- CONTRACTOR TO COMPLY WITH THE REQUIREMENTS FOR EROSION AND SEDIMENTATION CONTROL. SEE SHEET C-201.
- THE CONTRACTOR SHALL MAINTAIN EXISTING STORM SEWER FLOWS BY PUMPING OR OTHER MEANS APPROVED BY THE OWNER'S REPRESENTATIVE DURING CONSTRUCTION OF THE PROPOSED STORM SEWER IN LOCATIONS WHERE STORM SEWER ARE BEING INSTALLED, REPLACED OR RELOCATED.
- AT ALL LOCATIONS WHERE EXISTING MANHOLES, CATCH BASIN, YARD DRAINS, ETC. ARE IDENTIFIED FOR REMOVAL, A SHORT SECTION OF ADJACENT PIPE SHALL BE REMOVED TO ACCOMMODATE THE NEW STRUCTURE. EXISTING PIPES TO REMAIN SHALL THEN BE RESET INTO THE NEW STRUCTURE TO PROPOSED NEW INVERTS OR EXISTING INVERTS IF NEW ONES ARE NOT PROVIDED. PIPE PENETRATIONS INTO TO NEW STRUCTURE SHALL BE INSTALLED WITH EITHER FLEXIBLE COUPLING OR BRICK AND MORTAR IN ACCORDANCE WITH PROJECT PLAN DETAILS AND SPECIFICATIONS.
- CONTRACTOR TO DEMOLISH, REMOVE AND LEGALLY DISPOSE OF BIT CONC PAVEMENT, CONCRETE WALK, STORM, CURBING, BOLLARDS, MISCELLANEOUS CONCRETE PADS, CONCRETE STAIRS, CONCRETE RAMPS, SHED PAVERS, SITE SIGNAGE NOT CALLED OUT TO BE REUSED, TREES, SHRUBS, LANDSCAPING, ETC. AND ALL ITEMS INDICATED TO BE REMOVED WITHIN THE PROJECT LIMIT LINE.

SITE DEMOLITION PLAN LEGEND

- PROJECT LIMIT LINE
- PROPERTY LINE
- REMOVE STRUCTURE/TREE/ETC
- REMOVE PIPE/LANDSCAPING/ETC
- CUT AND CAP EXISTING PIPE
- TEST PIT LOCATION
- SAWCUT EXISTING PAVEMENT
- REMOVE EXISTING BITUMINOUS CONCRETE
- REMOVE EXISTING CONCRETE
- REMOVE EXISTING LANDSCAPING
- TREE PROTECTION



REVISIONS

YaleNewHavenHealth
Saint Raphael Campus

JOSEPH SEPTO
ARCHITECTS

225 Montowese Street
Branford, CT 06405
T: 203.483.5229
josephseptoarchitects.com

CEN TEK engineering
Centered on Solutions™
www.CenTekEng.com
(203) 488-0580
(203) 488-8597 Fax
63-2 North Branford Road, Branford, CT 06405

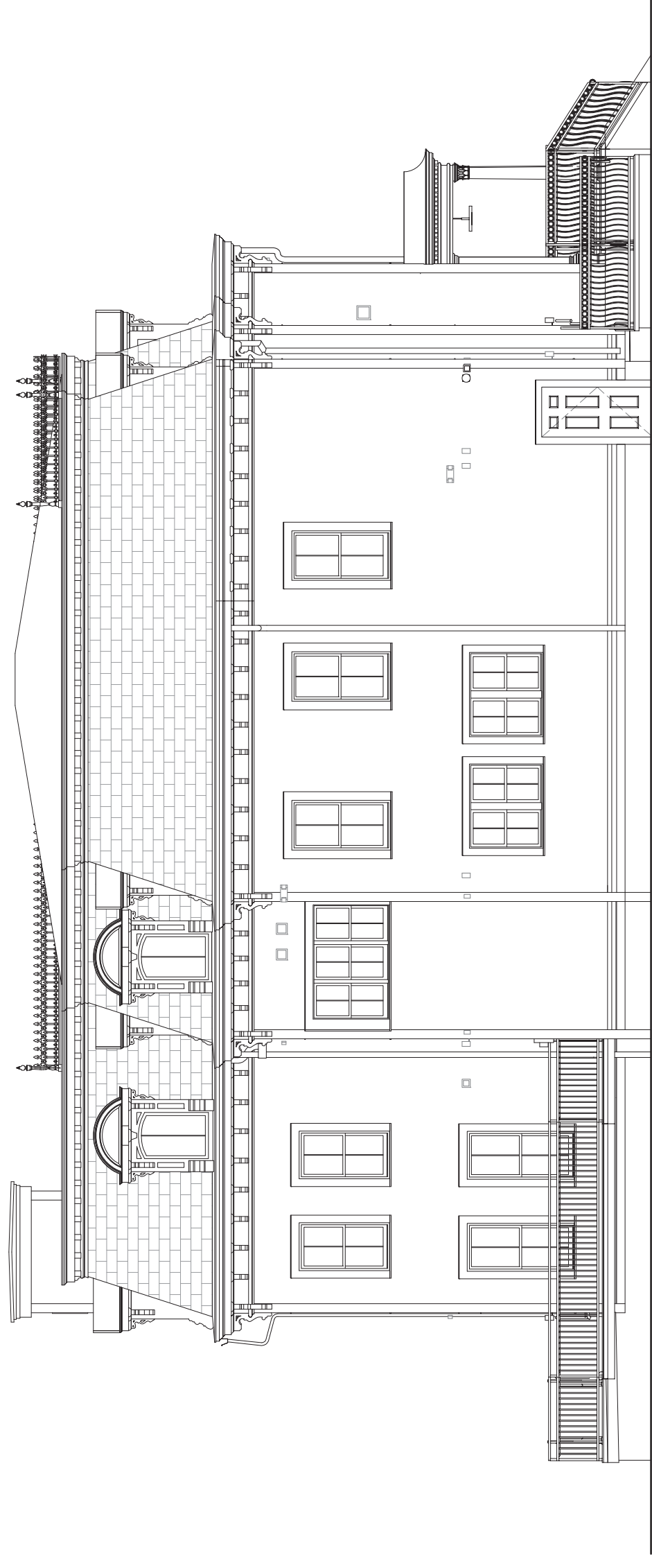
PROFESSIONAL SEAL

SRC DAYCARE
501 GEORGE STREET
NEW HAVEN, CT

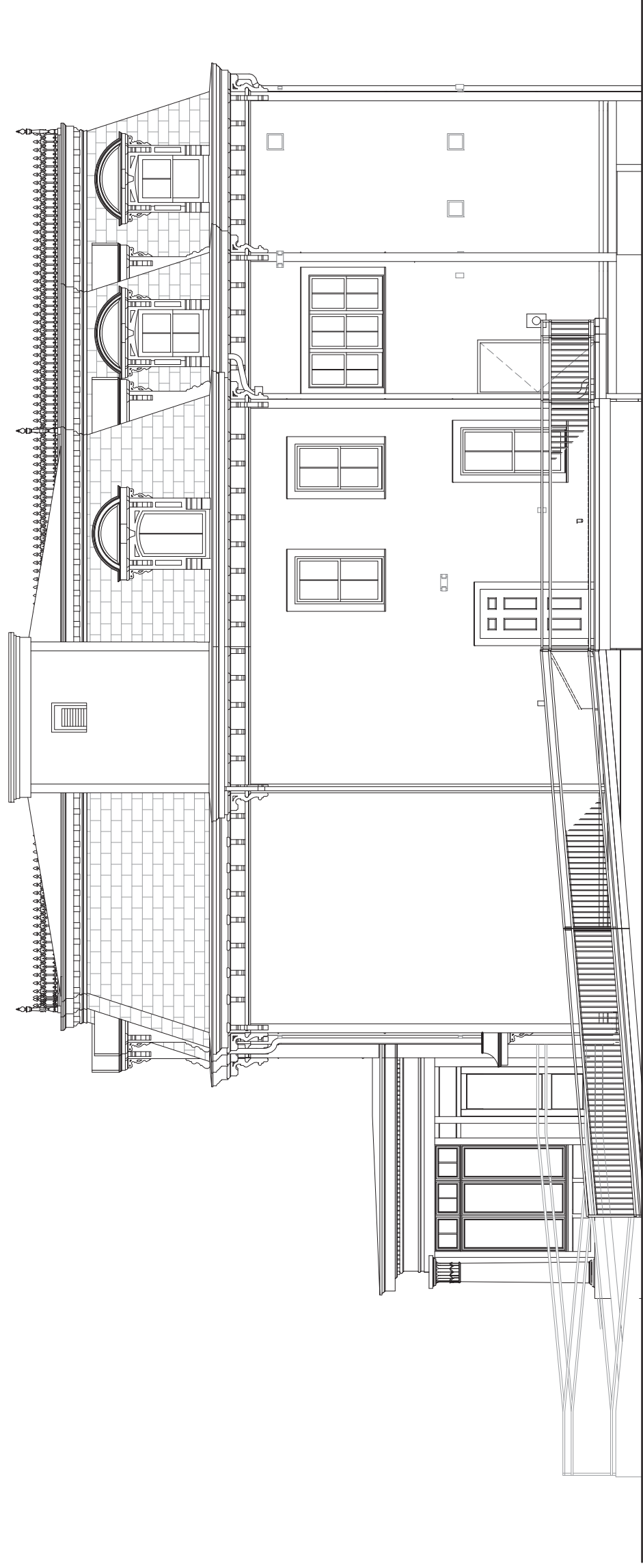
YNHH NO:	
PROJECT NO:	JSA-1851
DRAWN BY:	JSA
CHECKED BY:	JSA
SCALE:	AS NOTED
DATE:	04/09/19

EXTERIOR
ELEVATIONS

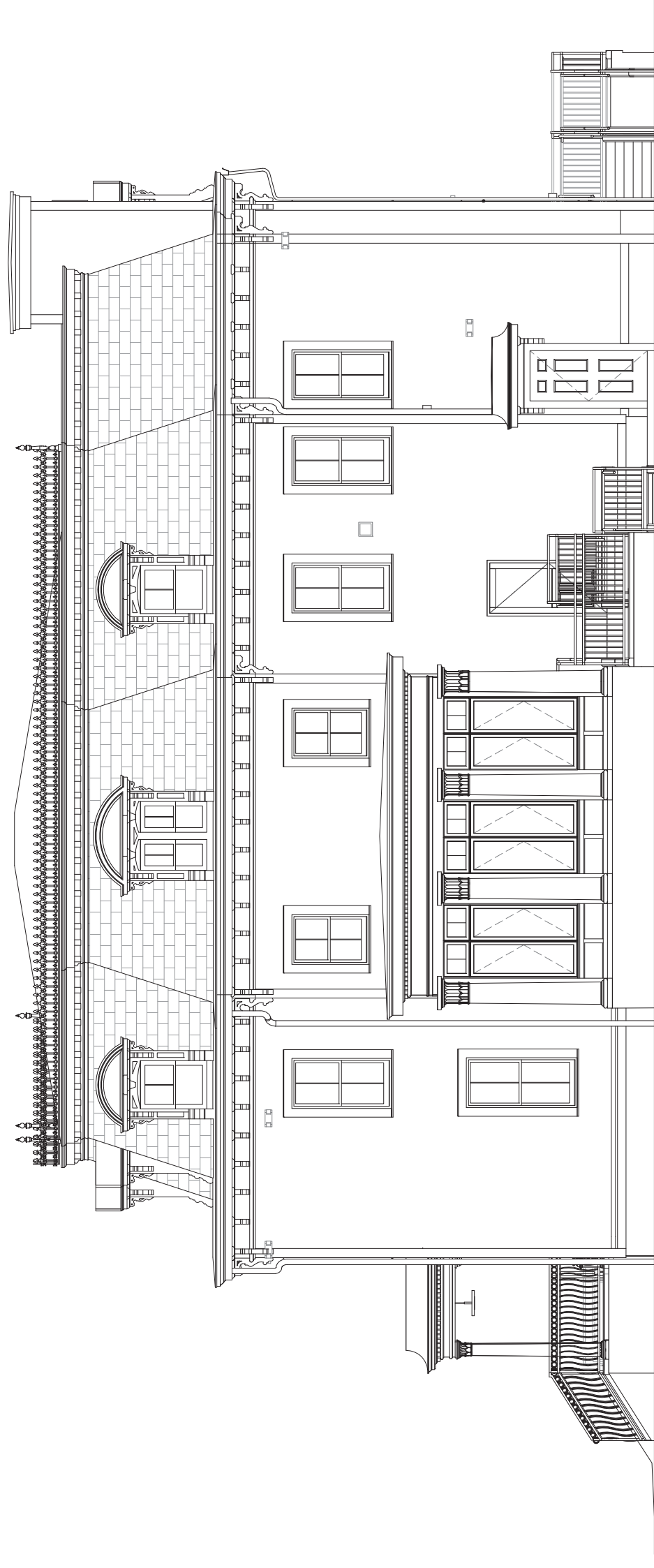
PZ-2



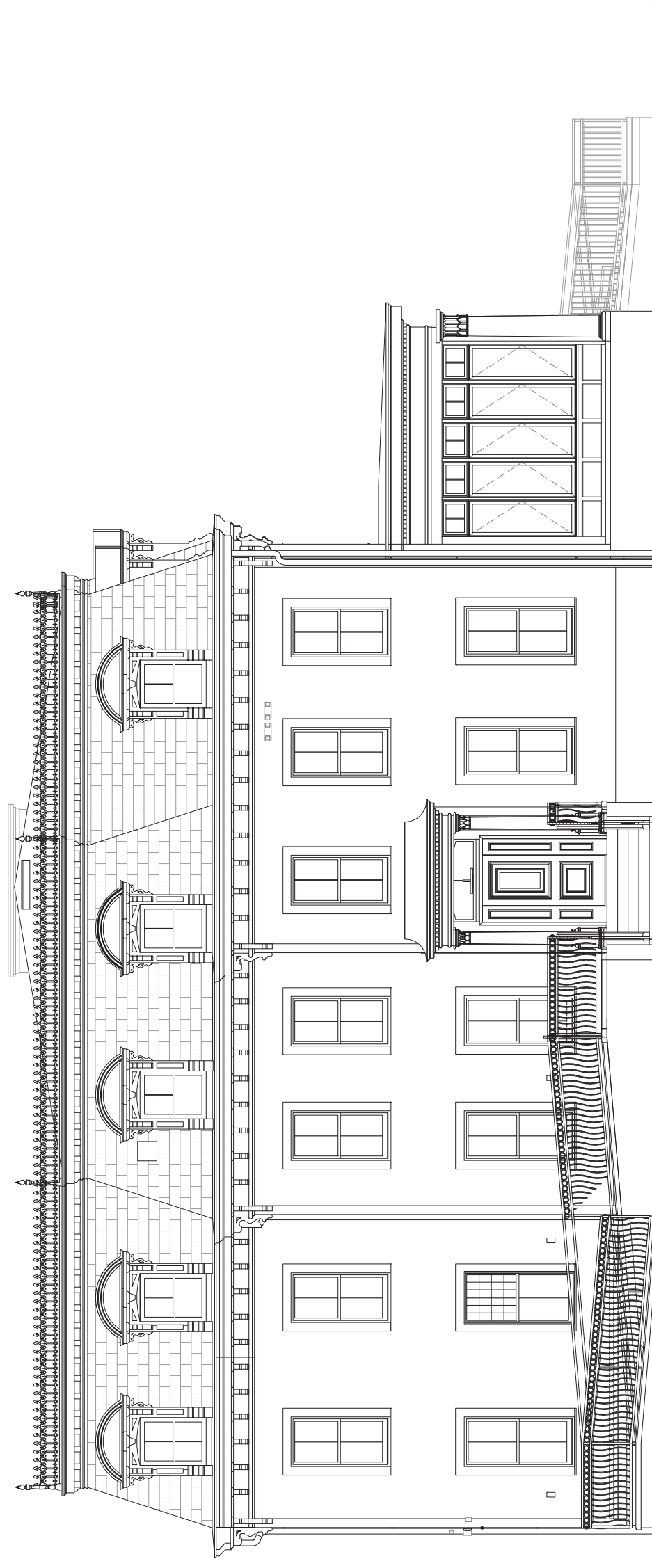
3 WEST ELEVATION
PZ-2 SCALE: 1/8"=1'-0"



4 NORTH ELEVATION
PZ-2 SCALE: 1/8"=1'-0"



1 EAST ELEVATION
PZ-2 SCALE: 1/8"=1'-0"



2 SOUTH ELEVATION
PZ-2 SCALE: 1/8"=1'-0"

- ROOF
EL. 31'-0"
- THRD. FLOOR
EL. 21'-0"
- SECOND FLOOR
EL. 11'-0"
- FIRST FLOOR
EL. 0'-0"
- BASEMENT
EL. -9'-0"

Material Specifications:
(arsenic free) Pressure treated yellow pine post and frame
Trex (recycled polymer and wood composite) for all planking and rail liners
All hardware galvanized
Plastic (rotationally molded polyethylene) slides, tubes, panels, etc...
Chain covered my multiply pneumatic hose for all soft rungs and rails

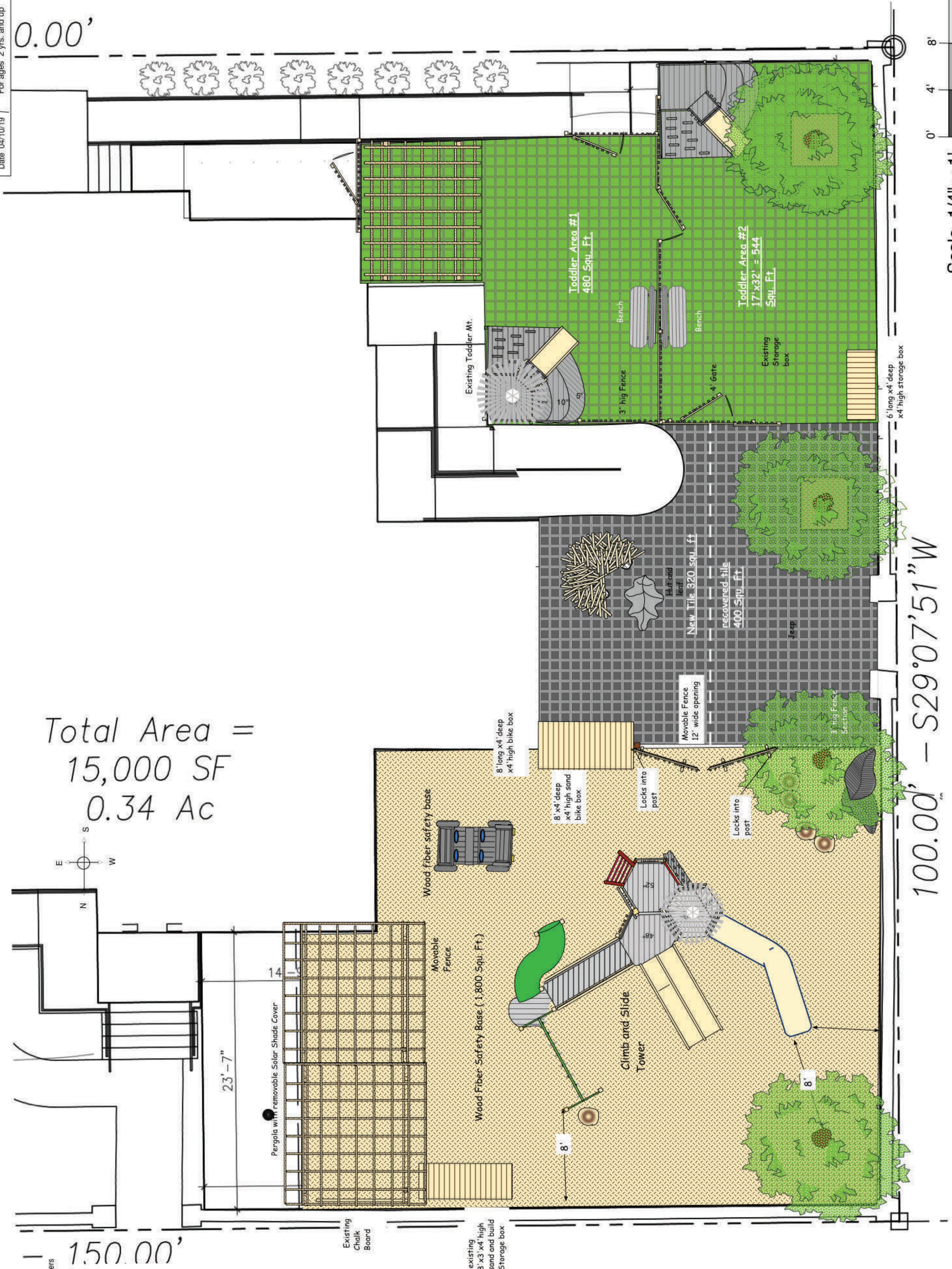
This design conforms to the present
ADA, NEAYC, ASTM & CPSC
Guidelines and Standards

Design #4

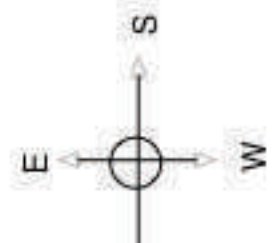
Project For: **SRC Day Care**

501 George St., New Haven, Ct.

Date: 04/10/19 For ages: 2 yrs. and up Scale: 1/4"=1'



Total Area =
15,000 SF
0.34 Ac



HURWITZ SAGARIN SLOSSBERG KNUFF LLC

John W. Knuff, Esq.
JKnuff@hssklaw.com



LAW OFFICES
147 North Broad Street
P.O. Box 442
Milford, CT 06460-0112
T: 203.877.8000
F: 203.878.9800
hssklaw.com

April 18, 2019

Hand Delivered

New Haven City Plan Department
165 Church Street
New Haven, Connecticut 06510

Re.: Development Permit Application
Property Owner/Applicant: Yale-New Haven Hospital Inc.
Property: 175 Sherman Avenue

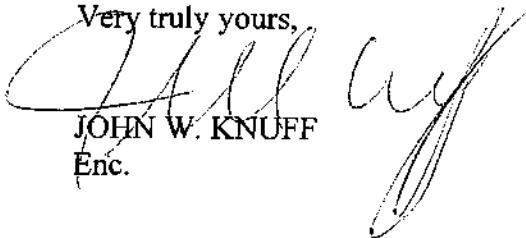
Gentlemen:

On behalf of the Applicant and Property Owner, I am pleased to submit the enclosed Development Permit Application. Enclosed are the following materials:

- Four copies of Application for Development Permit, including the Worksheet, Site and SESC forms;
- Four copies of a project narrative;
- Four sets of site plans including survey prepared by Tighe & Bond;
- Four copies of stormwater report;
- Four sets of floor plans and elevations prepared by Joseph Sepot Architect;
- Four sets of construction logistic plans; and
- Application fee of \$360.00.

It would be appreciated if this matter would be placed on the City Plan Commission's May 15, 2019 agenda. Thank you for your consideration of the enclosed. Please let me know if you have any questions.

Very truly yours,


JOHN W. KNUFF
Enc.

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit

DATA

CHECK BOX ~~EW~~WHERE APPROPRIATE. PRINT OR TYPE INFORMATION IN SPACE PROVIDED.

1. Project Address(es)

175 Sherman Avenue

A/K/A:

Tax Map-Block-Parcel(s)

318/0242/00100

Nearest Cross Street:

Chapel Street

<input type="checkbox"/> Check Here if Fee Exempt.	THIS BOX IS FOR CITY USE ONLY		
<input type="checkbox"/> As-of Right	File #	Fee Paid	Date [yy-mm-dd]
<input type="checkbox"/> Zoning Relief	# _____	\$ _____	___/___/___
<input type="checkbox"/> Development Permit	# _____	\$ _____	___/___/___
.....This includes <input type="checkbox"/> Site Plan Review. <input type="checkbox"/> CSPR... <input type="checkbox"/> SESC... <input type="checkbox"/> IW			
<input type="checkbox"/> Flood Development Permit	# _____	\$ _____	___/___/___
<input type="checkbox"/> Performance Bond	# _____	\$ _____	___/___/___
<input type="checkbox"/> Building Permit	# _____	\$ _____	___/___/___

2. Property Owner Information & Consent

Name Yale-New Haven Hospital Inc.

Firm

Street Address 20 York Street

City New Haven State CT ZIP' 06510

Daytime Phone: c/o (203) 877-8000 (Agent: John Knuff)

Business Home Answering Service

Fax: c/o (203) 878-9800 Cell: _____

E-Mail: c/o JKnuuff@hssklaw.com

As OWNER OF THE PROPERTY I hereby authorize this development permit application, and:

- I consent to necessary and proper inspections of the above property by agents of the City at a reasonable time after an application is made, and
- I certify that I am familiar with all of the information provided in this application, and
- I am aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties, and
- I certify that this project conforms to zoning or has applied for or been granted zoning relief.

Dated: April 15, 2019

FOR YNNH

 V.P. FACILITIES
Signature of PROPERTY OWNER STEPHEN J. CARBERY

3. Applicant Information & Certification

Check here if SAME AS OWNER (Fill in only if not same as Owner.)

Name

Firm

Street Address

City State ZIP'

Daytime Phone: _____

Business Home Answering Service

Fax: _____ Cell: _____

E-Mail: _____

As APPLICANT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: April 15, 2019

FOR YNNH

 V.P. FACILITIES
Signature of APPLICANT STEPHEN J. CARBERY

4. Authorized Agent Information

Check here if SAME AS OWNER (Fill in only if not same as Owner.)

Name JOHN W. KNUFF, ESQ.

Firm HURWITZ, SAGARIN, SLOSSBERG & KNUFF, LLC

Street Address 147 N. Broad Street

City Milford State CT ZIP' 06460

Daytime Phone: (203) 877-8000

Business Home Answering Service

Fax: (203) 878-9800 Cell: _____

E-Mail: JKnuuff@hssklaw.com

Check One: The AUTHORIZED AGENT for the attached Development Application is:

Lessee Attorney Architect Engineer Real Estate Agent Contractor Other-Specify _____

As AUTHORIZED AGENT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: April 15, 2019


Signature of AUTHORIZED AGENT
JOHN W. KNUFF, ESQ.

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit

WORKSHEET

1. Calculate **LOT AREA** as defined by the New Haven Zoning Ordinance excluding the following categories:

- Wetlands and Watercourses as defined in Sections 22a-38 15&16) C.G.S. and appearing on New Haven County USDA Soil Conservation Service Soil Survey.
- State-designated Tidal Wetlands defined and mapped under Sections 22a-29(a)(2) and 22a-30 C.G.S.
- Any parcel area below the Mean High Water Mark.

LOT AREA CALCULATION WORKSHEET			
ZONING LOT AREA = TAX PARCEL AREA MINUS STEP 1 TOTAL			
STEP 1 Add Items A. through C. below:		STEP 2: Subtract STEP 1 TOTAL from Tax Parcel	
Area:			
A. Tidal Wetlands -----	0	SF	
B. Area below Mean High Water Mark -----	0	SF	
C. Inland Wetlands & Watercourses -----	0	SF	
= STEP 1 TOTAL	0	SF--	
		TAX PARCEL AREA:	32,212 SF
		MINUS STEP 1 TOTAL:	0 SF
		ZONING LOT AREA:	32,212 SF

2. **ZONING TABLE** (Fill in below or include on submission drawing cover sheet.)

RESIDENTIAL PROJECTS

ZONING DISTRICT: <input type="checkbox"/> Not Applicable = <input checked="" type="checkbox"/>	Standard [Permitted or Required]	Proposed [or Allowed by BZA]
1. ZONING LOT AREA [Calculate Above]	Sq. Ft.	Sq. Ft.
2. NUMBER OF DWELLING UNITS <input checked="" type="checkbox"/>	Units	Units
3. LOT AREA PER DWELLING UNIT <input checked="" type="checkbox"/>	Sq. Ft./DU	Sq. Ft./DU
4. IMPERVIOUS SURFACE <input checked="" type="checkbox"/>	Sq. Ft. %	Sq. Ft. %
5. FRONT YARD <input checked="" type="checkbox"/>	Feet	Feet
6. SIDE YARDS <input checked="" type="checkbox"/>	Feet and Feet	Feet and Feet
7. REAR YARD <input checked="" type="checkbox"/>	Feet	Feet
8. BUILDING HEIGHT	Feet	Feet
9. PARKING <input checked="" type="checkbox"/>	#Spaces	#Spaces

COMMERCIAL OR INDUSTRIAL PROJECTS

ZONING DISTRICT: ^{RO/RM2} <input type="checkbox"/> Not Applicable = <input checked="" type="checkbox"/>	Standard [Permitted or Required]	Proposed [or Allowed by BZA]
1. ZONING LOT AREA [Calculate Above]	7,500 Sq. Ft.	32,212 Sq. Ft.
2. TOTAL FLOOR AREA (ALL FLOORS): <input type="checkbox"/>	16,106 Sq. Ft.	40,536 Sq. Ft.
3. FLOOR AREA RATIO (FAR = B/A) <input type="checkbox"/>	0.5 FAR	1.26 FAR
4. IMPERVIOUS SURFACE <input checked="" type="checkbox"/>	Sq. Ft. %	Sq. Ft. %
5. PARKING <input type="checkbox"/>	35 Spaces	39 Spaces
6. LOADING <input checked="" type="checkbox"/>	Spaces	Spaces

3. **MATERIAL (SOIL, ROCK OR FILL) TO BE MOVED, REMOVED OR ADDED**

CALCULATE MATERIAL TO BE MOVED, REMOVED OR ADDED (Calculate below - Enter sizes in feet).

	Length	x	Width	x	Depth	= Cubic Feet	+ 27	=	Cubic Yards
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	MATERIAL TO BE MOVED: _____ x _____ x _____ = _____ + 27 = _____								
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	MATERIAL TO BE ADDED: _____ x _____ x _____ = _____ + 27 = 950								
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	MATERIAL TO BE REMOVED: _____ x _____ x _____ = _____ + 27 = 850								
TOTAL MATERIAL TO BE MOVED, REMOVED OR ADDED =						1,800			

REGRADEING OF SITE

- No Yes Are more than 800 cubic yards soil, rock or fill to be **MOVED, REMOVED OR ADDED?**
 No Yes Is more than 30% of the lot area proposed to be **REGRADED** by more than 2 feet? (do following calculation).

REGRADED AREA IN SQUARE FEET 0 + TOTAL LOT AREA 32,212 IN SQUARE FEET = 0 PERCENT

[Area to be re-graded by more than 2 feet divided by Total Lot Area equals Percentage of Lot to be re-graded]

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit: Site Plan Review

SITE

A NARRATIVE IS REQUIRED

NARRATIVE: A description of the proposed project in sufficient detail to determine that it complies with the New Haven Zoning Ordinance and State of Connecticut Soil Erosion and Sediment Control Standards. (Attach NARRATIVE or include it on the submitted SITE PLAN).

1. State the purpose and intended use of the project.

Yale New Haven Health is proposing to renovate the existing building and site at 175 Sherman Avenue for use of new medical offices; See attached narrative also.

2. Describe the structure(s) and construction activities.

See Narrative

3. State the construction Start and End Dates/Provide a Construction Staging Plan/If phased provide Time Estimates for Each Phase. Anticipated start date is Summer, 2019 and anticipated completion date is Fall, 2019

4. List any Federal or State Permits required and their status. Furnish copy of permits issued or applications filed.

CHECK HERE IF NONE

5. Provide Board of Zoning Appeals Decision Letter(s) if zoning relief has been secured. Plan must be in compliance with the New Haven Zoning Ordinance to receive Site Plan approval.

SITE PLAN SUBMISSION REFER TO "SITE PLAN GUIDELINES" AT CITYOFNEWHAVEN.COM

SURVEY

1. A-2 Survey of property boundary, right-of-way, street, building and/or setback lines, easement lines.
2. A-2 Survey *not* required. Staff has determined this project is: Exempt Unregulated Minor Application. N/A
3. Show Coastal Management District Boundary, Flood Zones, wetlands, watercourses, (soil types if pertinent). N/A

SITE PLAN DATA Please use the checklist below and SESC REGULATIONS as a guide to provide required data.

4. **SITE PLAN** [1" = 20' or larger is preferred] with north arrow, scale, date prepared, and name of preparer.
5. General Location Map at a scale of 1 inch = 600 feet, with North Arrow.
6. Buildings and improvements on abutting parcels within 50 feet of the property lines
7. Names of abutting Property Owners.
8. Driveways, aprons, sidewalks, curbs, walkways, parking layout, loading facilities, and utilities.
9. Provide applicable standard City details.
10. Existing and proposed topographical contours where slope is **LESS THAN 15%**, show at **2 FOOT** intervals.
11. Existing and proposed topographical contours where slope is **15% OR MORE**, show at **5 FOOT** intervals. N/A
12. Proposed site alterations including cleared, excavated, filled or graded areas.
13. Existing trees with diameters of 8 inches or greater, and changes proposed, including protection measures.
14. Edge of wooded areas. N/A
15. Proposed landscaping keyed to a plant list. Include size and planting detail.
16. Sanitary sewage disposal, water supply lines, other utilities on or serving the site.
17. Proposed building plans and elevations.
18. New property lines & improvements: signs, fences, walls, dumpsters, outdoor storage area, lighting.

ENGINEERING DATA. Please provide the following data using the checklist as a guide.

19. Storm Drainage details including roof leaders.
20. Existing and proposed grades and construction materials.
21. Support Data and Drainage Calculations to show adequacy of pipe sizes, flow, slope, invert and top of grate connections [Not required because: Exempt Unregulated Minor Application].

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit: Soil Erosion and Sediment Control Review **SESC**

Please fill out DATA, WORKSHEET, and SITE SECTIONS in addition to the following items:

SITE PLAN

On a Scaled Site Plan prepared by a Connecticut Registered Architect, Landscape Architect, Civil Engineer, or Licensed Soil Scientist, show the following:

- Construction details for proposed SESC measures and storm water management facilities in accord with standard city details.
- Location and design details for all proposed SESC measures and storm water management facilities over the period of construction.

SOIL EROSION AND SEDIMENT CONTROL DATA

Print or type information in space provided, or Check appropriate box below if information is not filled in on this form.

- Shown on SITE PLAN, or
- Described in SEPARATE ATTACHMENT.

1. Describe proposed Soil Erosion & Sediment Control Measures.

The proposed project soil erosion and sediment control measures meet the requirements outlined in the 2002 Connecticut Guidelines for Soil Erosion and Sediment Control and the City of New Haven regulation and standard details. The project incorporates silt fence and haybale barriers along the perimeter of the site, construction entrances, inlet protection at all catch basins, a temporary soil stockpile to support excavation operations. In addition, the contractor is required to maintain the erosion and sedimentation control measures throughout construction until the site is stabilized. All trucks leaving the site are required to be covered and all adjacent roadways kept clean by sweeping before forecasted storm or weekly as required. All erosion control measure will be inspected weekly and after every rainfall event.

2. Schedule of Grading and Construction activities. Include start and stop dates and duration of activity.

The project is anticipated to be completed in a single phase
Anticipated Start Date is summer 2019 and anticipated completion date is fall 2019

3. Describe the Sequence for Final Stabilization of the site.

The final site stabilization begins once all the below grade utilities have been installed and the site is prepared for final surface treatments. Gravel base course for drives, parking areas, walks, stairs and any other areas of disturbance are prepared for fine grading. Process aggregate base course is installed at all driveway, parking and drop off areas. Fine grade and install pavement and grading for sloped areas. Install plantings, loam and seed to establish turf.

4. Outline the Operations and Daily Maintenance Program.

The Contractor will be required to check and clean all silt sack installations throughout the site on an on-going basis. Silt sacks will be kept clean to allow for the flow of storm water into the structure. The Contractor will maintain silt fence and haybale barriers and remove accumulated sediment. Adjacent City roadways will be swept to mitigate soils that have been tracked off-site.

5. Contingency Provisions. Describe your procedures if unforeseen erosion or sedimentation problems arise.

The Contractor shall maintain a supply of silt fence, hay bales, anti-tracking pad crushed stone and silt sacks on-site for emergency operations. Yale New Haven Health, the individual Responsible for Monitoring the SESC Control Measures, the On-Site Monitor of SESC Control Measure Installation and Maintenance will be contacted to determine the best course of action to be taken to address any issues.

6. Individual Responsible for Monitoring SESC Control Measures

Name Chuck Croce, P.E.

Firm Tight & Bond

Street Address 213 Court Street

City Middletown State CT ZIP 06457

Daytime Phone: 860-407-4762

Business Home Answering Service

Fax: Cell: 860-968-6429

E-Mail: ccroce@tightandbond.com

Nighttime/Emergency: 860-968-6429

7. On Site Monitor of SESC Control Measure Installation and Maintenance

Name

Firm

Street Address

City

State

ZIP

License #

Daytime Phone: _____

Business Home Answering Service

Fax: _____ Cell: _____

E-Mail: _____

Nighttime/Emergency: _____

Project Narrative
Site Plan Application of Yale New Haven Hospital, Inc.
175 Sherman Avenue
April 18, 2019

I. Introduction

The Applicant, Yale New Haven Hospital, Inc. (“YNHH”) seeks site plan approval pursuant to § 64 (f) of the New Haven Zoning Ordinance for exterior and interior modifications of the existing building and parking field located at 175 Sherman Avenue (the “Property”) at the northwest corner of Sherman Avenue and Chapel Street.

II. Existing Conditions

The Property consists of 0.73 acre and is improved with the former Plymouth Congregational Church, which dates to the late 1800s. In 1983, the building was adaptively repurposed for medical office use, which continues into the present as a cardiac, occupational, and orthopedic rehabilitation facility.

A majority of the Property, including the building and approximately one-third of the parking field, is located in a Residence-Office (RO) zone, and the balance of the parking field is located in an RM-2 zone. Pursuant to § 17(b)(2), doctors’ and other professionals’ offices are permitted in the RO zone as-of-right.

A portion of the parking field is located within the front yard setback along Sherman Avenue and is an existing non-conformity. As discussed below, a portion of the parking area within the front yard setback will be removed, thus reducing this non-conformity.

III. Purpose and Intended Use

While the existing rehabilitation uses will remain, YNHH proposes a substantial upgrade to the interior of the building to provide better and more convenient patient

care, including space for a total of ten physicians, plus an additional 2,708 square feet of other office space.

In addition, for the safety and convenience of its patients, YNHH proposes to improve access into the building both directly from Sherman Avenue on the building's west entrance with the addition of an accessible ramp, new stairs, and a canopy, and also from the parking field on the building's north entrance. Last, a reconfiguration of the parking field is proposed to create a one-way, counter-clockwise flow which will necessitate a new curb cut on Sherman Ave. This will enable the removal of both a portion of the parking within the front yard setback and impervious coverage.

All physicians and staff that work within the facility are employed by YNHH and will park on the St. Raphael campus, which is included within the 2018 Medical Area Overall Parking Plan ("MAOPP"), which plan is submitted to and approved each year by the New Haven Board of Alders.

The proposed project complies with all applicable provisions of the New Haven Zoning Ordinance and the State SESC standards. Details are provided on the plan set and stormwater management report, both prepared by Tighe & Bond.

In particular, a calculation setting forth compliance with the Reflective Heat standards is included on Sheet C-102 of the plan set. Out of a total of 7,942 square feet of all site non-roof hardscape, 74% or 5,828 square feet will be constructed using a material with a solar reflective index of at least 29, well in excess of the required 50%.

IV. Structures and Construction Activities

As noted above, construction activities will consist primarily of work within the interior of the existing building, and no new structures are proposed.

Site work activities include removal and replacement of the parking area and access drives, walkways, landscaping, building entrances; improvements to the storm drainage system including catch basins, manholes, water quality and infiltration structures, roof drainage connections and associated storm system piping; separating

the existing combined sewer service to the combined sewer main in Sherman Avenue to separate storm and sanitary connections from the building to the existing main, as well as replacing the existing underground electric service with a new transformer and new underground electric service.

V. Construction Start/End Dates; Construction Staging Plan

Construction is estimated to commence on or about Summer, 2019, and be complete on or about Fall, 2020. Due to the very limited nature of the work, no phasing is proposed. A Logistics Plan is included in the plan set.

VI. Federal or State Permits Required

The proposed work does not require the approval of the New Haven Historic District Commission or the Connecticut State Historic Preservation Office.

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
 PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit

DATA

CHECK BOX WHERE APPROPRIATE. PRINT OR TYPE INFORMATION IN SPACE PROVIDED.

1. Project Address(es)

150 Sargent Drive

A/K/A:

Tax Map-Block-Parcel(s)

228/ 1304/ 00600/ /

Nearest Cross Street:

Church Street Ext.

THIS BOX IS FOR CITY USE ONLY			
	File #	Fee Paid	Date [yy-mm-dd]
<input type="checkbox"/> Check Here if Fee Exempt.			
<input type="checkbox"/> As-of Right	# _____	\$ _____	____/____/____
<input type="checkbox"/> Zoning Relief	# _____	\$ _____	____/____/____
<input type="checkbox"/> Development Permit	# _____	\$ _____	____/____/____
.....This includes <input type="checkbox"/> Site Plan Review. <input type="checkbox"/> CSPPR ... <input type="checkbox"/> SESC... <input type="checkbox"/> IW			
<input type="checkbox"/> Flood Development Permit	# _____	\$ _____	____/____/____
<input type="checkbox"/> Performance Bond	# _____	\$ _____	____/____/____
<input type="checkbox"/> Building Permit	# _____	\$ _____	____/____/____

2. Property Owner Information & Consent

Name Yale - New Haven Hospital, Inc

c/o Stephen J. Carbery

Street Address 789 Howard Avenue, Suite TE106

City New Haven State CT ZIP 06519

Daytime Phone: 203-688-3055

Business Home Answering Service

Fax: _____ Cell: _____

E-Mail: Stephen.Carbery@ynhh.org

As OWNER OF THE PROPERTY I hereby authorize this development permit application, and:

- I consent to necessary and proper inspections of the above property by agents of the City at a reasonable time after an application is made, and
- I certify that I am familiar with all of the information provided in this application, and
- I am aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties, and
- I certify that this project conforms to zoning or has applied for or been granted zoning relief.

Dated: April 17, 2019

V.P. FACILITIES

Signature of PROPERTY OWNER *STEPHEN J. CARBERY* FOR YNHH

3. Applicant Information & Certification

Check here if SAME AS OWNER (Fill in only if not same as Owner.)

Name

Firm

Street Address

City State ZIP

Daytime Phone: _____

Business Home Answering Service

Fax: _____ Cell: _____

E-Mail: _____

As APPLICANT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: _____, 20__

Signature of APPLICANT

4. Authorized Agent Information

Check here if SAME AS OWNER (Fill in only if not same as Owner.)

Name Heather Eastman

Firm Yale - New Haven Hospital, Inc

Street Address 789 Howard Street, Suite TE106

City New Haven State CT ZIP 06519

Daytime Phone: 203-688-4368

Business Home Answering Service

Fax: _____ Cell: _____

E-Mail: Heather.Eastman@ynhh.org

Check One: The AUTHORIZED AGENT for the attached Development Application is:

Lessee Attorney Architect Engineer Real Estate Agent Contractor Other-Specify YNHH- Director, Ambulatory

As AUTHORIZED AGENT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: April 17, 2019

Signature of AUTHORIZED AGENT *HEATHER EASTMAN* DIRECTOR

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit

WORKSHEET

1. Calculate **LOT AREA** as defined by the New Haven Zoning Ordinance excluding the following categories:
- Wetlands and Watercourses as defined in Sections 22a-38 15&16) C.G.S. and appearing on New Haven County USDA Soil Conservation Service Soil Survey.
 - State-designated Tidal Wetlands defined and mapped under Sections 22a-29(a)(2) and 22a-30 C.G.S.
 - Any parcel area below the Mean High Water Mark.

LOT AREA CALCULATION WORKSHEET			
ZONING LOT AREA = TAX PARCEL AREA MINUS STEP 1 TOTAL			
<u>STEP 1 Add Items A. through C. below:</u>		<u>STEP 2: Subtract STEP 1 TOTAL from Tax Parcel</u>	
Area:			
A. Tidal Wetlands-----	0	SF	TAX PARCEL AREA: _____
B. Area below Mean High Water Mark -----	0	SF	_____ 168,142 _____ SF
C. Inland Wetlands & Watercourses -----	0	SF	MINUS STEP 1 TOTAL: _____
= STEP 1 TOTAL _____	0	SF	ZONING LOT AREA: _____
			_____ 0 _____ SF
			_____ 168,142 _____ SF

2. ZONING TABLE (Fill in below or include on submission drawing cover sheet.)

RESIDENTIAL PROJECTS

ZONING DISTRICT: <input type="checkbox"/> Not Applicable = <input checked="" type="checkbox"/>	Standard[Permitted or Required]	Proposed[or Allowed by BZA]
1. ZONING LOT AREA [Calculate Above]	Sq. Ft.	Sq. Ft.
2. NUMBER OF DWELLING UNITS <input checked="" type="checkbox"/>	Units	Units
3. LOT AREA PER DWELLING UNIT <input checked="" type="checkbox"/>	Sq. Ft./DU	Sq. Ft./DU
4. IMPERVIOUS SURFACE <input checked="" type="checkbox"/>	Sq. Ft. %	Sq. Ft. %
5. FRONT YARD <input checked="" type="checkbox"/>	Feet	Feet
6. SIDE YARDS <input checked="" type="checkbox"/>	Feet and Feet	Feet and Feet
7. REAR YARD <input checked="" type="checkbox"/>	Feet	Feet
8. BUILDING HEIGHT <input checked="" type="checkbox"/>	Feet	Feet
9. PARKING <input checked="" type="checkbox"/>	#Spaces	#Spaces

COMMERCIAL OR INDUSTRIAL PROJECTS

ZONING DISTRICT: <input type="checkbox"/> Not Applicable = <input checked="" type="checkbox"/>	Standard[Permitted or Required]	Proposed[or Allowed by BZA]
1. ZONING LOT AREA [Calculate Above]	168,142 Sq. Ft.	168,142 Sq. Ft.
2. TOTAL FLOOR AREA (ALL FLOORS): <input type="checkbox"/>	505,731 Sq. Ft.	52,074 Sq. Ft.
3. FLOOR AREA RATIO (FAR = B/A) <input type="checkbox"/>	3.0 FAR	0.32 FAR
4. IMPERVIOUS SURFACE <input type="checkbox"/>	Sq. Ft. 85.5 % (Exist)	Sq. Ft. 83.1 %
5. PARKING <input type="checkbox"/>	3/1000 (156)	255 Spaces
6. LOADING <input type="checkbox"/>	1 Spaces	1 Spaces

3. MATERIAL (SOIL, ROCK OR FILL) TO BE MOVED, REMOVED OR ADDED

CALCULATE MATERIAL TO BE MOVED, REMOVED OR ADDED (Calculate below - Enter sizes in feet).

$$\text{Length} \times \text{Width} \times \text{Depth} = \text{Cubic Feet} \div 27 = \text{Cubic Yards}$$

No Yes MATERIAL TO BE MOVED: $200 \times 90 \times 0.5 = 9000 \div 27 = 333$

No Yes MATERIAL TO BE ADDED: $- \times - \times - = - \div 27 = -$

No Yes MATERIAL TO BE REMOVED: $58 \times 20 \times 4 = 4,640 \div 27 = 171$

TOTAL MATERIAL TO BE MOVED, REMOVED OR ADDED = 504

REGRADEING OF SITE

No Yes Are more than 800 cubic yards soil, rock or fill to be **MOVED, REMOVED OR ADDED?**

No Yes Is more than 30% of the lot area proposed to be **REGRADED** by more than 2 feet? (do following calculation).

REGRADED AREA IN SQUARE FEET _____ + TOTAL LOT AREA _____ IN SQUARE FEET = _____ PERCENT

[Area to be re-graded by more than 2 feet divided by Total Lot Area equals Percentage of Lot to be re-graded]

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010

PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit: Site Plan Review

SITE

A NARRATIVE IS REQUIRED

NARRATIVE: A description of the proposed project in sufficient detail to determine that it complies with the New Haven Zoning Ordinance and State of Connecticut Soil Erosion and Sediment Control Standards. (Attach NARRATIVE or include it on the submitted SITE PLAN).

1. State the purpose and intended use of the project.

Refer to attached project narrative prepared by E4H

2. Describe the structure(s) and construction activities.

Start: Spring 2019

End: Summer 2020

3. State the construction Start and End Dates/Provide a Construction Staging Plan/If phased provide Time Estimates for Each Phase.

Start: 2019

End: 2020

4. List any Federal or State Permits required and their status. Furnish copy of permits issued or applications filed.

CHECK HERE IF NONE ✓

5. Provide Board of Zoning Appeals Decision Letter(s) if zoning relief has been secured. Plan must be in compliance with the New Haven Zoning Ordinance to receive Site Plan approval.

SITE PLAN SUBMISSION REFER TO "SITE PLAN GUIDELINES" AT CITYOFNEWHAVEN.COM

SURVEY

- ✓ A-2 Survey of property boundary, right-of-way, street, building and/or setback lines, easement lines.
- A-2 Survey *not* required. Staff has determined this project is: Exempt Unregulated Minor Application.
- ✓ Show Coastal Management District Boundary, Flood Zones, wetlands, watercourses, (soil types if pertinent).

SITE PLAN DATA Please use the checklist below and SESC REGULATIONS as a guide to provide required data.

- ✓ **SITE PLAN** [1" = 20' or larger is preferred] with north arrow, scale, date prepared, and name of preparer.
- ✓ General Location Map at a scale of 1 inch = 600 feet, with North Arrow.
- ✓ Buildings and improvements on abutting parcels within 50 feet of the property lines
- ✓ Names of abutting Property Owners.
- ✓ Driveways, aprons, sidewalks, curbs, walkways, parking layout, loading facilities, and utilities.
- ✓ Provide applicable standard City details.
- ✓ Existing and proposed topographical contours where slope is **LESS THAN 15%**, show at **2 FOOT** intervals.
- Existing and proposed topographical contours where slope is **15% OR MORE**, show at **5 FOOT** intervals.
- ✓ Proposed site alterations including cleared, excavated, filled or graded areas.
- ✓ Existing trees with diameters of 8 inches or greater, and changes proposed, including protection measures.
- ✓ Edge of wooded areas
- Proposed landscaping keyed to a plant list. Include size and planting detail.
- ✓ Sanitary sewage disposal, water supply lines, other utilities on or serving the site.
- ✓ Proposed building plans and elevations.
- ✓ New property lines & improvements: signs, fences, walls, dumpsters, outdoor storage area, lighting.

ENGINEERING DATA. Please provide the following data using the checklist as a guide.

- ✓ Storm Drainage details including roof leaders.
- ✓ Existing and proposed grades and construction materials.
- ✓ Support Data and Drainage Calculations to show adequacy of pipe sizes, flow, slope, invert and top of grate connections [Not required because: Exempt Unregulated Minor Application].

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit: Soil Erosion and Sediment Control Review **SESC**

Please fill out **DATA, WORKSHEET, and SITE SECTIONS** in addition to the following items:

SITE PLAN

On a Scaled Site Plan prepared by a Connecticut Registered Architect, Landscape Architect, Civil Engineer, or Licensed Soil Scientist, show the following:

- ✓ Construction details for proposed SESC measures and storm water management facilities in accord with standard city details.
- ✓ Location and design details for all proposed SESC measures and storm water management facilities over the period of construction.

SOIL EROSION AND SEDIMENT CONTROL DATA

Print or type information in space provided, or Check appropriate box below if information is not filled in on this form.

- ✓ Shown on SITE PLAN, or
- ✓ Described in SEPARATE ATTACHMENT.

1. Describe proposed Soil Erosion & Sediment Control Measures.

Refer to included erosion control plans and Engineering report.

2. Schedule of Grading and Construction activities. Include start and stop dates and duration of activity.

Start of Construction: Spring 2019

Completion: Summer 2020

3. Describe the Sequence for Final Stabilization of the site.

Refer to included erosion control plans and Engineering report.

4. Outline the Operations and Daily Maintenance Program.

Refer to Engineering report.

5. Contingency Provisions. Describe your procedures if unforeseen erosion or sedimentation problems arise.

Refer to Engineering report.

6. Individual Responsible for Monitoring SESC Control Measures

Name TBD

Firm

Street Address

City

State

ZIP

Daytime Phone: _____

Business Home Answering Service

Fax: _____ Cell: _____

E-Mail: _____

Nighttime/Emergency: _____

7. On Site Monitor of SESC Control Measure Installation and Maintenance

Name TBD

Firm

Street Address

City

State

ZIP

License # _____

Daytime Phone: _____

Business Home Answering Service

Fax: _____ Cell: _____

E-Mail: _____

Nighttime/Emergency: _____

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit: Coastal Site Plan Review

CSPR

Use a check to note items completed. Print or type information in space provided, or attach.

1. General Information.

If this project is within the Coastal Management District, please furnish material required in the SITE section of the application forms and the following additional information:

A. General Project Area Map locating Coastal Resources on or adjacent to the site, as defined in §22a-93(7), C.G.S.

B. List the type and extent of vegetation, animal habitats and plant types at or adjacent to the site.

Please refer to the attached project narrative _____

C. Yes No Does this project affect the view to or from this site of coastal resources?

D. Yes No Is this Parcel in a Flood Zone? If yes, fill in the Flood Zone AE__ and Community-Panel Number 09009C0441J _____

(IF YES, A FLOODDEVELOPMENT PERMIT WILL BE REQUIRED AS PART OF THE BUILDING PERMIT APPLICATION).

E. Yes No Is this a previously developed urban site *REMOTE* from the waterfront?

2. Coastal Resources Impact. Review lists below, check each item which is on or adjacent to the site.

- | Yes | No | COASTAL RESOURCES | H. | <input checked="" type="checkbox"/> | Coastal Flood Hazard Area |
|-----|--------------------------|--|-----|-------------------------------------|---|
| A. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Coastal Bluffs or Escarpments | | | |
| B. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Rocky Shorefronts | | | |
| C. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Beaches and Dunes | | | |
| D. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Intertidal Flats | | | |
| E. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Tidal Wetlands | | | |
| F. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Freshwater Wetlands & Watercourses | | | |
| G. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Estuarine Embayments | | | |
| I. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Nearshore Waters | | | |
| J. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Offshore Waters | | | |
| K. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Shorelands | | | |
| L. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Shellfish Concentration Areas | | | |
| M. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Developed Shorefront | | | |
| N. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Island | | | |
| | | | H. | <input checked="" type="checkbox"/> | Coastal Flood Hazard Area |
| | | | Yes | No | OTHER FEATURES |
| | | | 1. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Navigable Waters |
| | | | 2. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Historical Structure or Feature |
| | | | 3. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Scenic Feature |
| | | | 4. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Archeological Feature |
| | | | 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Recreational Feature |
| | | | 6. | <input type="checkbox"/> | <input checked="" type="checkbox"/> Other (Please Describe below): |

For CSPR Goals and Policies, See Connecticut General Statutes §22a-92, C.G.S.

For EACH BOX CHECKED YES above, ATTACH THE FOLLOWING INFORMATION:

- Describe the character and condition of EACH coastal resource or other feature checked above.
- Identify and describe potential adverse or beneficial impacts of the project on the condition, character and value of EACH resource checked above.
- Describe any measures to mitigate adverse impacts described.
- Identify any conflicts between the proposed activity and any goal or policy in the §22a-92, C.G.S. (CCMA).
- After installation of reasonable measures:
 - a. Describe any remaining adverse impacts.
 - b. Explain why the impacts were not mitigated.
 - c. State why the Commission should find the impacts acceptable.
 - d. Explain how the proposed project is consistent with coastal goals and policies in §22a-92, C.G.S. (CCMA).

CITY OF NEW HAVEN, CONNECTICUT

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PHONE 203.946.6379 FAX 203.946.7815

COASTAL SITE PLAN REVIEW: WATERFRONT SUPPLEMENT

CSPR

STOP HERE: COMPLETE THIS SECTION ONLY IF THIS IS A WATERFRONT SITE

Check YES or NO for each question listed. Print or type information in space provided, or attach.

READ THE STATEMENT BELOW AND THEN ANSWER THE FOLLOWING QUESTIONS.

WATER DEPENDENT USES are defined in Chapter 444, §22a-93 of the Connecticut General Statutes as:

Those uses and facilities which require direct access to, or location in, marine or tidal waters and which therefore cannot be located inland, including, but not limited to: marinas, recreational and commercial fishing and boating facilities, finfish and shellfish processing plants, waterfront dock and port facilities, shipyards and boatbuilding facilities, water-based recreational uses, navigation aids, basins and channels, industrial uses dependent upon waterborne transportation or requiring large volumes of cooling or process water which cannot reasonably be located or operated at an inland site and uses which provide general public access to marine or tidal waters.

Yes No

1. Are the proposed use or uses water dependent as defined above?

2. Is the site located on a navigable water body?

3. Will the project preclude development of water dependent uses as defined above on or adjacent to this site in the future?
IF YES, DESCRIBE.

4. Have efforts been made to preserve opportunities for future water dependent development?
IF YES, DESCRIBE.

5. Is public access provided to the adjacent waterbody or watercourse?
IF NO, DESCRIBE WHY NOT.

6. Does this project include a shoreline flood and erosion control structure (i.e. breakwater, bulkhead, groin, jetty, revetment, riprap, seawall, placement of barriers to the flow of flood waters or movement of sediment along the shoreline)?
IF YES, DESCRIBE.

7. Does this project include work below the Coastal Jurisdiction Line (i.e. location of topographical elevation of the highest predictable tide from 1983 to 2001)? New Haven CJL elevation is 4.6' (referenced to NAVD88).
IF YES, DESCRIBE.

PROJECT NARRATIVE
Yale New Haven Health
Clinic Building Renovations & Alterations
150 Sargent Drive, New Haven, CT
4/18/19

The proposed project for Yale New Haven Health involves complete interior renovation of both floors of the existing Healthcare Clinic building located at 150 Sargent Dr in New Haven, CT. The first floor (29,227 square feet) will be completely renovated for space to serve Radiology, Blood Draw, and Federally Qualified Health Center (FQHC) clinics for Pediatrics and Women's Health. The second floor (22,847 square feet) will be completely renovated for space to serve Women, Infants, and Children (WIC), office space for the Women's Health FQHC, and clinic space for the Internal Medicine FQHC. The existing use per the Zoning Ordinance is a Healthcare Clinic, and the proposed use remains a Healthcare Clinic. Thus, no change in use will occur as part of this project.

The building Mechanical, Electrical, Plumbing, Fire Alarm, and Fire Protection systems will be completely upgraded to comply with applicable building codes and support the new spaces. New roof top air handlers will be located on the lower roofs to serve the first floor of the building. A new air handler will be located within the second floor mechanical room to serve the second floor space. A new emergency generator and electrical transformer will be installed on an elevated concrete pad at the northwest corner of the building. New building mounted exterior light fixtures will also be installed as part of the proposed project, as shown on the included Exterior Elevation drawings.

The exterior envelope of the existing building will be upgraded to provide greater thermal and energy efficiency. Improvements to the exterior walls will include new air/vapor barrier membrane, thermally broken window and door systems, and an exterior insulation and finish system (EIFS) installed over the existing concrete block walls. Improvements to the roof will include new rigid roof insulation, coverboard, fully adhered EPDM roof membrane, and metal roof edge.

The existing building will be dry-floodproofed to comply with the New Haven Flood Damage Prevention Ordinance and applicable building codes. As noted in the attached FEMA Elevation Certificate, the Base Flood Elevation is 11.00' (NAVD 88) and the minimum required elevation for dry-floodproofing is 12.00'. A fluid-applied waterproofing membrane will be installed as shown on the included plan to provide dry-floodproofing to the building at an elevation of 13.86' (2 feet above first floor elevation). Pedestrian flood barrier doors with automatic closers will be installed at all single and double exterior door locations. The main entrance vestibule floor will be raised to an elevation of 12.00', and a stackable flood barrier provided at this larger width opening. The existing stair towers will be wet floodproofed as permitted by the building code, with insulated flood vents provided in locations as shown on the included plan. The emergency generator and electrical transformer concrete pad will be installed at the required design flood elevation of 12.00'.

The existing parking lot will be reclaimed and repaved with a new 3" topping. Parking spaces will be re-striped to provide 250 total spaces, 21 single accessible spaces, and 5 van accessible spaces. New concrete sidewalk, site lighting, landscaped islands, and catch basin inserts will be provided as shown on the included Civil drawings.

FLOOD PLAIN DEVELOPMENT PERMIT

CITY OF NEW HAVEN, CONNECTICUT

Instructions: Print or type information in space provided, check box where appropriate.

Address of Application Parcel(s):

a/k/a:

Total Parcel Size in Square Feet:

Tax Map-Block-Parcel(s):

Flood Map Community-Panel Number: 090084 -

For City Use Only

File #

Building Permit #

Date:

Fee Paid:

Census Tract-Block:

APPLICATION FOR FLOOD PLAIN DEVELOPMENT PERMIT

Yes No

- Have all permits from Federal, State or Local Government Agencies requiring prior approval been received?
- Will any watercourse be altered or relocated as a result of the proposed development? IF YES, attach description.
- Are plans included for any walls to be used to enclose space below base flood elevation?
- Are plans included, in duplicate and drawn to scale, showing the nature, location, dimensions and elevations of area in question, existing and/or proposed structures, fill, storage of materials, drainage facilities, and location of foregoing?
- Does this Parcel have Flood Insurance?
IF YES, Flood Insurance Policy #: LS00007516PR18A Expiration Date: 5/9/2019, 20

6. Type of Development:

Value of Existing Structure: \$ 7.1M

Cost of Alteration/Addition/Improvement: \$ 12.4M

- Excavation Fill Grading Paving Buildings or Other Structure Substantial Improvements
 Other alterations inside Regulatory Floodway Limits. Specify: _____

7. Owner Information & Consent (If Other than Developer/Agent)

Name Heather Eastman

Daytime Phone: 203-688-4368

Firm VALE NEW HAVEN HOSPITAL

Home Business Answering Service

Street Address 789 HOWARD AVE

Fax: _____

City NEW HAVEN State CT Zip _____

The undersigned, as owner of the property, hereby consents to necessary and proper inspections of the above mentioned property by agents of the City at reasonable times before and after an application is made.

Dated: 1/29/2019, 20

[Signature]
Signature of Owner

8. Developer (If other than Owner)

Name

Daytime Phone: _____

Firm

Home Business Answering Service

Street Address

Fax: _____

City

State

Zip

I am the (Check One): Property Owner Option Holder Other (Describe _____)

9. Authorized Applicant/Agent Information & Certification

Name

Daytime Phone: _____

Firm

Home Business Answering Service

Street Address

Fax: _____

City

State

Zip

As Applicant/Agent for the Property Owner Developer, the undersigned is familiar with all of the information provided in this application and is aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: _____, 20

Signature of Applicant Agent

The section in this box shall be filled in with the application for a Building Permit.

CERTIFICATION OF ELEVATION FOR BUILDING PERMIT APPLICATION

NGVD = National Geodetic Vertical Datum of 1929.

I hereby certify that this application meets the criteria of §5.3.1. of the New Haven Flood Damage Prevention Ordinance:

- The lowest floor including basement of the above referenced structure will be constructed at 12.9 Feet NGVD exist.
- Elevation to which any structure will be floodproofed, in relation to mean sea level is 13.04 Feet NGVD.
- The net effect of development will cause no more than one (1) foot rise in the water surface of the base flood elevation.
- The development will have no adverse effect on the floodplain.

Signature J. Sak CONNECTICUT PE LS 11302
 JAMES N. SAKONCHICK State 1-29-2019, 20 Registration No.
 Print Name of Land Surveyor Engineer Architect Date

This Certification may only be signed by a Connecticut Licensed land surveyor, engineer or architect. An A-2 Survey is required if the total project value is more than \$25,000.

For City Use Only, Reviewed and Approved by:
If box is checked an addition or new structure is proposed and signoff by City Plan and City Engineer is required.

Building Dept. City Plan City Engineer
 Dated: / /20 Dated: / /20 Dated: / /20

WW6: 97FDP.DOC 12/30/06 6:26 PM

NOTE 12.9 FT NGVD 29= 11.86 FT NAVD 88

13.04 FT NGVD 29 = 12.00 FT NAVD 88

EXISTING ELEVATOR PIT INSIDE BUILDING HAS A FLOOR 4 FT BELOW THAN LISTED LOWEST FLOOR. THIS IS UNINHABITED SPACE.

This section shall be filled out following completion of the permitted project.

CERTIFICATION OF AS BUILT ELEVATION

I hereby certify that this project as built meets the criteria of §5.3.1 of the New Haven Flood Damage Prevention Ordinance:

- The lowest floor including basement of the above referenced structure has been constructed at _____ Feet NGVD.
- Elevation to which any structure has been floodproofed, in relation to mean sea level is _____ Feet NGVD.
- The net effect of development will cause no more than one (1) foot rise in the water surface of the base flood elevation.
- The development will have no adverse effect on the floodplain.

Signature _____ State _____ Registration No. _____
 Print Name of Land Surveyor Engineer Architect Date

This Certificate may only be signed by a Connecticut Licensed land surveyor, engineer or architect.



FEMA

NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

AND

INSTRUCTIONS

2015 EDITION

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE AND INSTRUCTIONS

Paperwork Reduction Act Notice

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

Privacy Act Statement

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA-003 – National Flood Insurance Program Files System or Records Notice 73 Fed. Reg. 77747 (December 19, 2008); DHS/FEMA/NFIP/LOMA-1 – National Flood Insurance Program (NFIP) Letter of Map Amendment (LOMA) System of Records Notice 71 Fed. Reg. 7990 (February 15, 2006); and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to obtain flood insurance through the National Flood Insurance Program or the applicant may be subject to higher premium rates for flood insurance. Information will only be released as permitted by law.

Purpose of the Elevation Certificate

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP). It is to be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to determine the proper insurance premium rate, and to support a request for a Letter of Map Amendment (LOMA) or Letter of Map Revision based on fill (LOMR-F).

The Elevation Certificate is required in order to properly rate Post-FIRM buildings, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), located in flood insurance Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO. The Elevation Certificate is not required for Pre-FIRM buildings unless the building is being rated under the optional Post-FIRM flood insurance rules.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA or LOMR-F request. Lowest floor and lowest adjacent grade elevations certified by a surveyor or engineer will be required if the certificate is used to support a LOMA or LOMR-F request. A LOMA or LOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 package, whichever is appropriate.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the Base Flood Elevation (BFE). A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

Additional guidance can be found in FEMA Publication 467-1, Floodplain Management Bulletin: Elevation Certificate, available on FEMA's website at <https://www.fema.gov/media-library/assets/documents/3539?id=1727>.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION					FOR INSURANCE COMPANY USE
A1. Building Owner's Name YALE-NEW HAVEN HOSPITAL, INC.					Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 150 SARGENT DRIVE					Company NAIC Number:
City NEW HAVEN		State Connecticut		ZIP Code 06519	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) MBLU: 228/1304/00600; ACCT#: 228 1304 00600; VOLUME: 9679; PAGE: 254; PID: 13212					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>NON-RESIDENTIAL/COMMERCIAL</u>					
A5. Latitude/Longitude: Lat. <u>41°17'33.71"N</u> Long. <u>72°55'19.20" W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>N/A</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number NEW HAVEN, CITY OF; 090084			B2. County Name NEW HAVEN		B3. State Connecticut
B4. Map/Panel Number 441	B5. Suffix J	B6. FIRM Index Date 06-08-2013	B7. FIRM Panel Effective/ Revised Date 06-08-2013	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 11'(building) & 12'(rear parking lot)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 150 SARGENT DRIVE			Policy Number:
City NEW HAVEN	State Connecticut	ZIP Code 06519	Company NAIC Number

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: CITY BM NGVD29 CONVERT-88 Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>7.86</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>11.86</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>7.86</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7.80</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>11.35</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>8.80</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name
JAMES SAKONCHICK

License Number
CT 11302

Title
PRESIDENT

Company Name
KRATZERT JONES & ASSOCIATES, INC

Address
1755 MERIDEN-WATERBURY ROAD LAFAYETTE SQUARE UNIT 3, PO BOX 337

City
MILLDALE

State
Connecticut

ZIP Code

Signature 

Date
10-10-2018

Telephone
(860) 621-3638

Ext.



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

Source of Latitude & Longitude: Google Earth;

Source of elevations were city redevelopment maps using NGVD 29 with conversion to NAVD 88 using website listed on FIRM map.

Elevations rough checked using Equipment used to Establish Elevation: GPS (Pro Mark-500) dual frequency receiver; Carlson Software; Real Time Kinematic (RTK) averaging with a Network Subscription (Superior) with plus or minus 0.15 ft accuracy.

THE PRIMARY BUILDING HAS A MAIN FLOOR ELEVATION OF 11.86. TWO STAIRWAYS EXIT AT ELEV. 8.8 WITH HEATER AT ELEV. 9.5. THERE ARE TWO ELEVATOR PITS AT ELEVATION 7.86 WITH INCIDENTAL EQUIPMENT. THE PRIMARY ELEVATOR EQUIPMENT AND MOTORS ARE ABOVE ELEVATION 11.86. ALL ELEVATIONS AT NAVD 88.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 150 SARGENT DRIVE			Policy Number:
City NEW HAVEN	State Connecticut	ZIP Code 06519	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 150 SARGENT DRIVE			Policy Number:
City NEW HAVEN	State Connecticut	ZIP Code 06519	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 150 SARGENT DRIVE			Policy Number:
City NEW HAVEN	State Connecticut	ZIP Code 06519	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW FROM SARGENT DRIVE

Clear Photo One



Photo Two

Photo Two Caption LEFT SIDE VIEW FROM CHURCH STREET EXTENSION SIDE ROAD

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 150 SARGENT DRIVE			Policy Number:
City NEW HAVEN	State Connecticut	ZIP Code 06519	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption REAR VIEW FROM PARKING LOT

Clear Photo Three



Photo Four

Photo Four Caption RIGHT SIDE VIEW

Clear Photo Four

04/16/2019

VENDOR #: 1093

City of New Haven

UPDIKE, KELLY & SPELLACY, P.C.

CHECK NO.: 186878

DATE	INVOICE NUMBER	DESCRIPTION	AMOUNT
04-15-2019	89371-00023		360.00
TOTAL:			360.00

UPDIKE, KELLY & SPELLACY, P.C.

COUNSELORS AT LAW
100 PEARL STREET
P.O. BOX 231277
HARTFORD, CT 06123-1277
(860) 548-2600

Bank of America
HARTFORD, CT 06103
51-57/119

CHECK NO.: 186878

VOID IF NOT CASHED WITHIN 120 DAYS

CHECK DATE
04/16/19
CHECK AMOUNT
\$360.00

PAY THREE HUNDRED SIXTY AND 00/100 Dollars

TO THE ORDER OF City of New Haven
New Haven, CT

UPDIKE, KELLY & SPELLACY, P.C.

BY *John J. Alon*
AN AUTHORIZED OFFICER OR AGENT

⑈ 186878 ⑈ ⑆ 011900571 ⑆ 06 816 177 1 ⑈