

1 PLANNING BOARD COUNTY OF ALBANY

2 TOWN OF COLONIE

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4 PEREGRINE ASSISTED LIVING  
5 5 SOUTH FAMILY DRIVE  
6 SKETCH PLAN REVIEW

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7  
8 THE STENOGRAPHIC MINUTES of the above  
9 entitled matter by NANCY STRANG-VANDEBOGART, a  
10 Shorthand Reporter, commencing on March 26, 2013  
11 at 8:21 p.m. at The Public Operations Center, 347  
12 Old Niskayuna Road, Latham, New York

11 BOARD MEMBERS:  
12 PETER STUTO, CHAIRMAN  
13 LOU MION  
14 BRIAN AUSTIN  
15 KAREN GOMEZ  
16 SUSAN MILSTEIN  
17 KATHY DALTON  
18 TIMOTHY LANE

16 ALSO PRESENT:  
17 Rebekah Nellis Kennedy, Esq., Counsel to the Planning Board  
18 Joe LaCivita, Director, Planning and Economic Development  
19 Bill Mafrici, Hershberg and Hershberg  
20 Steve Bowman, Peregrine Assisted Living  
21 Melissa Dobbins, Peregrine Assisted Living  
22 Ted Kolankowski, PE, Barton and Loguidice

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24  
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1                   CHAIRMAN STUTO: Okay, we'll call up the next  
2                   applicant. Peregrine Assisted Living, 5 South Family  
3                   Drive, Sketch plan review. This is 35,000 square feet,  
4                   64 bed, one-story memory enhancement facility.

5                   We did have some discussions whether this  
6                   fits into a nursing home under our zoning law. If  
7                   someone can talk about if this is a nursing home  
8                   under state and federal law? What defines a  
9                   nursing home? I'd like to hear that at some point  
10                  during this discussion. I think we would find  
11                  that helpful.

12                 Joe, do you have an introduction on this  
13                 before we hand this over to the applicant?

14                 MR. LACIVITA: Sure. Real briefly, this is in the  
15                 office residential zoning district. It was before the  
16                 DCC on February 13, 2013. The design engineering -  
17                 you'll remember the project right next door to this was  
18                 Hershberg and Hershberg. They are here tonight to do 5  
19                 South Family.

20                 MR. MAFRICI: Thank you, Joe. I'm Bill Mafrici  
21                 from Hershberg and Hershberg representing this project  
22                 tonight. With me tonight is Steve Bowman and Melissa  
23                 Dobbins, she is the Director of Development.

24                 I'm going to briefly go through the site and  
25                 what it contains and what waivers we're asking

1 for. Then, I'll ask Steve to come up and discuss  
2 some of the operations.

3 The project is a 35,000 square foot building  
4 which we are currently on the agenda to get a  
5 variance for the size of the building footprint  
6 which is limited to 30,000 square feet. We are on  
7 the ZBA agenda for April 4th to have that heard.  
8 We're trying to get sketch plan in front of the  
9 Board so that we can at least get an education of  
10 how to proceed. The building is an assisted  
11 living facility with associated parking. The  
12 circulation is off of South Family Drive coming  
13 off of the south side of south family drive.

14 CHAIRMAN STUTO: I think that it might be useful  
15 if someone can tell us what is going to occur at the  
16 building in terms of what does assisted living mean and  
17 that sort of thing so that we can put your presentation  
18 in context. Is it a nursing home?

19 MR. MAFRICI: Sure. I'm going to turn that one  
20 over to Steve.

21 CHAIRMAN STUTO: I think that it would be helpful.

22 MR. BOWMAN: Good evening. To be specific to your  
23 question, the facility is licensed as an adult home  
24 with special certification in higher levels of  
25 cognitvity. When I started in this business several

1 years ago, the lines were very clear about what was a  
2 nursing home and what was an assisted living facility.  
3 A lot of times it had new terms that no one remembered  
4 like convalescent home or a care home. With many of  
5 those ordinances written 40 years ago, they didn't  
6 really think too much about aging. Technically, we are  
7 an adult home with a special capacity.

8 As a professional matter, when you wrote your  
9 ordinance 20 years ago, people with dementia were  
10 taken care of in nursing homes. So, from a land  
11 use perspective, it is a nursing home.

12 In terms of the intension and the spirit of  
13 the document before you. As a technical matter,  
14 you're trying to make the settings less  
15 institutional and more residential, so they're  
16 trying to accommodate those levels. So from a  
17 planning perspective, it's a nursing home all day  
18 long.

19 My job as an operator is to convince you that  
20 your not a nursing home when you come to visit  
21 your loved ones.

22 CHAIRMAN STUTO: Okay, can you tell us more about  
23 that? Are there a lot of doctors around or nurses?

24 MR. BOWMAN: No. What we have on staff typically  
25 would be RNs. Maybe two or three would be on staff and

1 that covers most days and evenings. We will be able to  
2 accommodate significant levels of acuity. In New York  
3 State, you should be in a nursing home if you're not  
4 able to get out of bed, yourself. We've all been  
5 exposed to this disease of dementia and there is a  
6 process of where that acuity crosses lines and there  
7 are gray areas. The goal is to make it feel as  
8 residential as possible.

9 The color selection of wall paper, furniture  
10 and this sort of thing - there is a significant  
11 common area as you can see. It's quite a large  
12 common area to, quite frankly, encourage and  
13 motivate our guests to get out of their rooms and  
14 be a part of the community and engage in  
15 activities and this sort of thing. It is a  
16 medical community and the building will be secured  
17 to protect people from themselves from wandering  
18 and entering the building. There will be staff 24  
19 hours in the building - substantial staff to  
20 accommodate people who not only want to travel,  
21 but people that don't want to get out of bed.  
22 Those are what we call them sundowners. So, there  
23 will be an intense level of staff there.

24 In terms of the traffic impact, there will be  
25 very minimal impact.

1 MS. DALTON: Will you be accepting Medicaid  
2 recipients?

3 MR. BOWMAN: We will not be accepting Medicaid  
4 recipients. In New York State you have to apply for a  
5 Medicaid waiver. There is a certain number of slots  
6 per county. It's a very competitive process. I have  
7 failed and had my heart broken trying to get Medicaid  
8 slots before. It's a wonderful program, but quite  
9 frankly it's not accessible to new providers and new  
10 facilities in the state at this time.

11 CHAIRMAN STUTO: Kathy, do you have more questions  
12 that might shed light on what I'm trying to get at?

13 MS. DALTON: I don't have questions that way.

14 CHAIRMAN STUTO: Will you have single bedrooms?

15 MS. MILSTEIN: I have a lot of questions. You  
16 have dementia patients. Are you talking about people  
17 coming in - what degree is it? Is it moderate or early  
18 stages or late stages? If you're in late stages, then  
19 you're talking more nursing home. Then, obviously  
20 assuming that people live long enough, they're going to  
21 progress with the different stages. What level do you  
22 see people coming in at?

23 MR. BOWMAN: This is a very difficult question to  
24 answer for a land use body. Those that are familiar  
25 with the disease know that there is no exact answer.

1 If you're asking me what I think will happen here, I  
2 think that people will come here in relatively advanced  
3 stages of dementia. Many of you may still have parents  
4 that are still driving and maybe you shouldn't be still  
5 driving, but we all know that there is a progression  
6 here and it's a very practical issue. When are you a  
7 danger to yourself and to others? I would say that we  
8 do accommodate a level of very high functioning people.  
9 Most of the time they're not going to be coming to us  
10 because they are functional. They are not really a  
11 burden on their loved ones. It's really when you're no  
12 longer manageable that you start thinking about  
13 institutional in-patient setting for your loved ones.

14 MS. DALTON: I do have a question with regard to  
15 the - it wasn't a waiver for extended care. What did  
16 you explain it as?

17 MR. BOWMAN: The Medicaid waiver?

18 MS. DALTON: No. You were talking about - you're  
19 in an assisted living facility and you're a licensed as  
20 an adult home -

21 MR. BOWMAN: We'll apply for a special needs  
22 license to accommodate -

23 MS. DALTON: I'm less familiar with that. The  
24 special needs license - I know that practically  
25 speaking you have a continuum of people who get to a

1 point where if it's your loved one, they're no longer  
2 competent and you can't leave them alone because they  
3 might leave the stove on or they might forget to take  
4 their medication. They might not take a shower and  
5 that's impairing them. The point of that is to make  
6 sure that there are people around and there are special  
7 provisions made to make sure that their stoves are -  
8 actually, you probably don't have stoves. You have  
9 microwaves and things like that?

10 MR. BOWMAN: No, we won't have microwave ovens.  
11 These are going to be private bedrooms with private  
12 baths and showers.

13 MS. DALTON: A living room area?

14 MR. BOWMAN: I think that it will be one room,  
15 essentially.

16 I'm getting a lot of dirty looks. This isn't  
17 my area.

18 MS. DOBBINS: I think that this will help to shed  
19 the light, if I could just explain how this building  
20 works.

21 This is the main entrance with the common  
22 area and all the offices are here (Indicating).  
23 On a daily basis our administration will include  
24 the Executive Director, a Care Director of  
25 Activities and Dining Services. We provide three



1 meals a day and we provide a full calendar of  
2 activities. The thing about memory care and this  
3 specific community is that you have to have the  
4 diagnosis of dementia from your primary care  
5 physician. This facility is a secured facility.  
6 Each of these wings are what we call  
7 neighborhoods. These are the residential wings  
8 and inside of all the wings are 14 beds to each  
9 wing. Each one has right at the front area a  
10 nurses station. In each neighborhood, there is a  
11 kitchen and a living room. We try to provide it  
12 like a home to give a home setting. The reason  
13 for that is when you're talking about long-term  
14 care and memories and how to connect, you want to  
15 provide a setting to make them feel comfortable  
16 and at home and with familiar characteristics,  
17 which is the kitchen and a living room. So each  
18 of these are individual units.

19 CHAIRMAN STUTO: Are they single rooms or doubled  
20 up?

21 MS. DOBBINS: We're all private. Actually the way  
22 that it's structured is 58 units and 64 beds. So, we  
23 have four units that are shared. In a memory care  
24 setting it works, but most of the people that come to  
25 us are the children of our residents. They want the

1 best that they can for their parents. So, each of them  
2 get a private room. It's about 225 square feet and  
3 it's not really big, but the thing to remember is that  
4 in terms of how we provide care, we want them out of  
5 the room. Socialization is the key to what we provide.  
6 After they have their meals here, we have various  
7 rooms. The reasons that we designed it this way is  
8 because this right here is a common area (Indicating).  
9 This right here is the town center is to make it look  
10 like you go to town at night and we'll all meet up here  
11 for dinner and a show and then they can walk around  
12 here on secured pathways. We put a lot of thought into  
13 the design of this project. We've had quite a few over  
14 the years. This is a design that we know works, as  
15 compared to just putting everyone into one big giant  
16 setting. We want to create a very intimate area but  
17 also socialization. The reason that we want all the  
18 setbacks is that this is the only way that we could get  
19 this kind of design to fit. Also, we want to take  
20 advantage of the lot here because it's a nice view of  
21 the open space and we want to provide the landscapes.

22 At the end of each area here we have  
23 solariums and wildflower gardens on the outside.  
24 So, we're really trying to bring nature in with  
25 this site. We're really trying to appeal to our

1 residents. Still, the appeal of what we do is  
2 very much a visual, too. This project will look  
3 really nice with the back. This will have vaulted  
4 20-foot elevations in here (Indicating) and then  
5 you see all these are kind of nooked, so you have  
6 that offset of the frontage. Landscape wise it is  
7 going to be pretty and we are going to talk to the  
8 Shaker Heritage Society. We haven't gotten to  
9 that point yet, but we are going to be very  
10 cognizant of blending into the historical -- what  
11 is expected of us through his neighborhood. We  
12 want to be good neighbors. It's very important for  
13 us to be good neighbors.

14 We're very glad that CBA is on this side of  
15 us because this natural synergy is between getting  
16 kids involved and high school. We have this  
17 program where we try to get kids to adopt one of  
18 our residents and share stories. We try to think  
19 of residents in what we do. The reason why we are  
20 successful in memory care in this case is because  
21 on just the sheer cost of providing the care that  
22 we do, we're basically one to six in our staffing  
23 and we have one care aide for every six residents.  
24 That's very expensive. So, this is a model that  
25 provides care at affordable rates for people who

1 can't do it otherwise.

2 MR. AUSTIN: Have you done a market study?

3 MS. DOBBINS: We actually have. We have a memory  
4 care facility up in Beacon Pointe which is in Clifton  
5 Park up the road and it's 52 beds. It's comparable in  
6 size.

7 CHAIRMAN STUTO: Is that a similar design with the  
8 wings?

9 MS. DOBBINS: There are actually two wings. They  
10 have more like a circle, but when I walk around there I  
11 get dizzy. It's a very successful community. When you  
12 have a secure building, that's all you do and that's  
13 all your training for and that's all your staff does.  
14 We find it to be a much better as a stand alone. We've  
15 had so much success and the need in memory care is  
16 really growing. Our market study shows that there  
17 isn't anything comparable to it in Colonie. There is  
18 the Emeritis close by, but its not very established and  
19 we don't consider it to be competition. I don't want  
20 to disrespect Emeritis because we deal with them a lot.

21 MR. BOWMAN: I'm 54 and I got into this business  
22 20 years ago and let me say that 20 years ago they all  
23 got excited about the aging of America and you did see  
24 a lot of assisted living facilities coming into be.  
25 They were very nice and you have a number of them in

1           Colonie and Guilderland. There wasn't a lot of  
2           dementia buildings 20 years ago. In the past 10 years  
3           - for those of you who are my age - you realize that  
4           dementia has become an epidemic all the time for  
5           grandparents, or aunts, or uncles. It's a crisis.  
6           There are very few dementia buildings going up in these  
7           last five years. Most buildings in New York are  
8           converted adult homes. They take a wing and they'll  
9           add it to an older building. The building may be 30 or  
10          40 years old, but that's what you have. The industry  
11          in upstate New York has older buildings that are not  
12          purpose filled. What is kind of exciting about this  
13          project is that there really hasn't been new  
14          construction with years of mistakes, in terms of design  
15          and floor plan and moderations that are really coming  
16          now that you can have review and have input on. You  
17          know better than I. And one has never been built in  
18          the Town of Colonie because of the repetition of the  
19          disease. Now we get a chance to step back and say,  
20          let's go to Colonie. I did Niskayuna a couple years  
21          ago. I loved the Capital District. We operate in  
22          Saratoga County. We want to put a state of the art  
23          dementia facility there. That's what this is all  
24          about. We're trying to come back into the COR and come  
25          with a state of the art floor plan and operation.

1 That's what we are trying to achieve here.

2 MR. LACIVITA: I just want to follow up on one  
3 question that Brian was kind of eluding to. Someone  
4 who was trying to find a place for a loved one. You  
5 traveled for miles to try to find a place. You did  
6 your market research. What do you think that the  
7 region is that you're going to serve?

8 MS. DOBBINS: Typically we see our market to be  
9 five mile radius. We expanded it for this market study  
10 to 6.5 miles because there was so little competition.

11 MR. LACIVITA: So, this is within a 6.5 miles -  
12 so, you're really looking at Colonie residents that are  
13 going to be here.

14 MS. DOBBINS: Oh yes. But there is a large  
15 population that no one else is serving. There are a  
16 lot of things that Colonie has. Colonie has a really  
17 great Senior Resources Department. We expect to do a  
18 lot of integrated activities. We always look to get  
19 involved in towns. The senior resources in this Town  
20 is particularly good.

21 MR. AUSTIN: Do you see a lot of seniors coming  
22 from a lot of facilities that are existing right now?

23 MS. DOBBINS: Of course. We are a feeder for  
24 assisted living. There is quite a few assisted living  
25 spots in the area. Again, not a lot of them are memory

1 care facilities. There is a great need for memory care  
2 with the financial economics the way that it is.  
3 People are holding out a lot longer to go to assisted  
4 living because it's not as need driven. That is  
5 definitely a factor in why we feel very strongly that  
6 it's a great project. There is very little space in  
7 Colonie to build something like this. We have looked,  
8 so we know.

9 CHAIRMAN STUTO: What triggers going into a  
10 nursing home?

11 MS. DOBBINS: For us, we have retention standards  
12 and we can take it as far as we want. Truthfully we  
13 can't get very far beyond two-person transfers. We're  
14 pretty much close to a one-person transfer with medical  
15 equipment and aspiration. We're not skilled nursing so  
16 there are things that we just can't do.

17 MS. MILSTEIN: What about feeding and house  
18 cleaning? At what point is it not assisted living and  
19 skilled nursing takes over? What are the levels?

20 MS. DOBBINS: Again, the way that I would define  
21 that level more than anything is ability to transfer  
22 and ambulate. If you cannot get up and get out of your  
23 chair with more than a one-person assist that's really  
24 pushing our levels.

25 MS. MILSTEIN: What about toiletry?

1 MS. DOBBINS: Toileting, we do. We definitely do  
2 that. There are different care plans that everybody  
3 that comes in is assessed.

4 First of all, in New York State, there is no  
5 more highly regulated industry in health care than  
6 New York State. They are really a bear to work  
7 with. The upside is that we know how to do care.  
8 Under other states, we are so far head because of  
9 the standards that New York State puts on us. New  
10 York State typically has a survey. Before we even  
11 open they review all of our policies and  
12 procedures. They are not standard and they don't  
13 tell us what do to, we tell them how we're going  
14 to run it. We've been a New York operator now for  
15 more than 10 years. We have a relationship too  
16 and that helps to facilitate the program and then  
17 they have annual inspections.

18 As far as maintaining residents go, we are  
19 required to do an annual assessment or on change  
20 of condition. Change of condition is triggered by  
21 any number of things. We have to keep charts and  
22 document where everyone is and if there is any  
23 kind of change. If we don't document correctly we  
24 get into trouble. We're very careful about our  
25 paperwork.



1 MS. MILSTEIN: Well, if you have someone who has a  
2 changing condition that you can no longer care for  
3 them, then what?

4 MS. DOBBINS: We have to do what they call a  
5 skilled nursing assessment. There is a point score  
6 system. If they hit that point score system, then we  
7 know that they are skilled and that we have to find  
8 placement and we have to notify the family of all the  
9 different locations that can accommodate them. If the  
10 family doesn't want to move, which does happen, then we  
11 have to see if we can do some kind of accommodation to  
12 keep them. If we can't meet the need, then we can't.  
13 Patient safety always dictates what we do. If we can't  
14 take care of them, we can't. We find skilled nursing.  
15 We have to place them. The responsibility is on us.  
16 We just don't say "Come pick them up. You're on your  
17 own." That's our responsibility.

18 MS. MILSTEIN: What facilities do you operate in  
19 the area?

20 MS. DOBBINS: The only one that we operate here is  
21 Beacon Pointe in Clifton Park. We have two in  
22 Rochester and one in Skaneateles and one in Buffalo and  
23 one in Connecticut. There are several in the south and  
24 one in Michigan. New York is our home. We're from  
25 here.

1           MR. BOWMAN: I would encourage you to better  
2 familiarize yourself with what we do and go to the  
3 point spontaneously and you'll get an idea of what we  
4 do and how we do it. You'll see our residents and meet  
5 the staff and get an idea of what our philosophy is and  
6 hopefully you'll be favorably inclined. I hope that  
7 you'll come to see the facility and it will be the best  
8 way to find out the answers to what you're asking.

9           MS. DOBBINS: And if you call ahead, they'll give  
10 you a lunch. If you just walk in, they'll probably  
11 give you a lunch. We're an open door and we welcome  
12 everybody.

13          MR. AUSTIN: In Rochester, where are you?

14          MS. DOBBINS: We're actually in Greece. We have a  
15 basic assisted living and a memory care community  
16 there. That is actually a mirror of a footprint that's  
17 up here in Clifton park.

18          MR. LANE: Is this a one-story facility?

19          MS. DOBBINS: It is. Two stories is not really  
20 recommended for a memory care.

21          MR. LANE: When you come back, will you have the  
22 elevations?

23          MS. DOBBINS: Yes, actually I'm working with the  
24 architect now. I really apologize that I don't have a  
25 rendering. I have to escalate that. I don't think

1 that we'll have that together by the 4th. We focus  
2 really hard and this was not the original plan. It  
3 looks like a robot that's going to take off. We did  
4 really work hard on the model. Clifton Park has an  
5 opening in the front where you can see there is a room  
6 on these plans. It's a real security issue. It  
7 interferes with the program. We worked really hard to  
8 move that to the back and also find a smaller  
9 neighborhood. It's a design that we really worked on  
10 and changed. That's why we're behind in our plans.

11 MS. MILSTEIN: How long are those hallways - like  
12 from the one bedroom to the central area? Mobility is  
13 an issue.

14 MR. BOWMAN: I think that it's less than 100  
15 feet, but I don't know off the top of my head. We do  
16 put walking spaces and places to sit. There is a big  
17 living room here (Indicating) and there is a solarium  
18 in the back. We did create sitting spaces everywhere  
19 we go.

20 MS. MILSTEIN: What if someone who wants to walk  
21 to the recreational area in the middle?

22 MS. DOBBINS: Our security doors will be right in  
23 the middle of these halls here (Indicating). Generally  
24 speaking we would close them down for a certain period  
25 of time. It has to do with issuing care and not being

1 confused with meds.

2 MR. LANE: Other than that, will it have more of a  
3 feel of an apartment building rather than a hospital?

4 MS. DOBBINS: I would shutter at the thought if  
5 you walked in and you felt like you were in a hospital.  
6 It doesn't feel that way. We try very, very hard to  
7 not make it feel that way. We do have nurse call  
8 systems. We have emergency systems and intercoms. We  
9 have to. We have to have safety systems.

10 MR. LANE: I'm talking about the feel otherwise.

11 MS. DOBBINS: Oh, definitely. We make sure that  
12 the finishes are different. We have high end furniture  
13 with Krypton finishes and waterproof. We do really  
14 nice mill work wherever we can; probably too much.  
15 Yes, absolutely. We want it to look like a residence.  
16 I'd like to say that we succeed.

17 MR. LANE: I think that demographically, there is  
18 a need. I'm just curious to know what it looks like.

19 CHAIRMAN STUTO: Can you move onto the engineering  
20 part?

21 Thank you, very much. We're very curious and  
22 interested.

23 MR. MAFRICI: Basically there are two waivers that  
24 we're looking for. One is the setback which exceeds  
25 the 20 feet from the front yard. Currently we're

1 showing over 220 feet from the front yard setback. The  
2 reason for that is the configuration of the building.  
3 We wouldn't be able to meet the side yard if it were  
4 pushed forward.

5 The other waiver that we are requesting is  
6 parking within the front yard setback. Again, the  
7 reason for that is security and to try to keep  
8 everybody contained at one main focal point in the  
9 entrance where they can monitor everything and  
10 make sure that everything is visible. We are  
11 providing a fire access loop road around the  
12 robot. We'll work with the Fire Chief to  
13 coordinate that.

14 All public utilities exist with a border  
15 connection. There is a water main coming in.  
16 Sanitary sewer will be by means of a force main, a  
17 pump station - because we have a pretty long run  
18 to get to it and the sewer out on South Family  
19 drive is relatively shallow. We will be providing  
20 grease traps because there are cooking facilities.  
21 So, we'll have some grease traps located in here  
22 (Indicating).

23 Circulation - the drop off has a main  
24 cul-de-sac area. Loading and the dumpster area  
25 would be just to the east of the entrance way.

1 The site is conducive to green infrastructure and  
2 technology with regards to stormwater management.  
3 So, we'll be proposing porous pavement also, as  
4 part the plan.

5 With regard to the run-off, we'll also be  
6 providing an infiltration basin towards the rear  
7 of the property. There are isolated wetlands that  
8 were delineated previously and there is one  
9 portion of wetlands in the front of the property  
10 up in this area that will be maintained and not  
11 disturbed during the project.

12 CHAIRMAN STUTO: It looks as though the residents  
13 can go out through that door area in the rear there.

14 MR. MAFRICI: This is a secured area. I don't  
15 think that you can see it from there, but each area  
16 will be secured where the wildflowers are. Those gray  
17 areas are secured areas and this is also community  
18 areas that are secured with the fence.

19 CHAIRMAN STUTO: What's it going to look like  
20 architecturally?

21 MR. MAFRICI: Well it's all one-story and they're  
22 working on the project now. There is a lot of depth  
23 with the building. It is a one-story building, so it's  
24 not going to be too visual especially from Sand Creek.

25 MR. LANE: Trees and landscaping?

1 MR. MAFRICI: Yes, we'll be coming up with trees  
2 and landscaping as the project moves forward.

3 CHAIRMAN STUTO: We have our Town Designated  
4 Engineer, Ted Kolankowski from Barton and Loguidice.  
5 Do you have any comments, Ted?

6 MR. KOLANKOWSKI: A couple of comments and  
7 questions. The loading dock that is towards the front  
8 of the building - I don't know if you'd looked at any  
9 alternatives there. I know that it's not a major  
10 feature because you're not going to have large trucks  
11 there. But if it can't be relocated, I guess just  
12 consider some architectural treatments so that it's not  
13 obtrusive.

14 MR. MAFRICI: Sure. We can look into the  
15 circulation of the interior. We're working on the  
16 floor plan so we can take a look at that too.

17 MS. DOBBINS: I don't know that we're going to  
18 have a dock. There will be a pavement area and then  
19 two loading doors.

20 MR. KOLANKOWSKI: Yes, as long as it's treated  
21 architecturally.

22 MS. DOBBINS: I think that we have the garbage in  
23 the same area. The setback like that - during the  
24 winters, the plowing is crazy trying to get deliveries  
25 around the back. We'll do that and we'll screen it.

1 MR. KOLANKOWSKI: Another question from the  
2 outfall of the Funeral Directors ponds - and how that's  
3 going to be routed through the site. I know that I  
4 drive by there every day and I never see any standing  
5 water in those ponds.

6 MR. MAFRICI: We will have an infiltration basin  
7 in this area. Like I said earlier, the soil here is  
8 hydrologic Class A soil which is porous and is very  
9 susceptible to percolation. So, that's one of the  
10 reasons why you're not seeing a lot of run-off. There  
11 is no direct discharge. This site is self-contained,  
12 as will be our site.

13 MR. KOLANKOWSKI: I was also curious about the  
14 architecture. I know that Dave worked on the building  
15 next door - the Funeral Directors - and promised us a  
16 very nice building. They delivered it, too.

17 CHAIRMAN STUTO: Are you going to make the same  
18 promise tonight.

19 MR. MAFRICI: If you look at their Clifton Park  
20 facility, it's stone based with the clapboard siding.  
21 It's very residential looking. It's beautifully  
22 landscaped.

23 CHAIRMAN STUTO: Are you going for the same look?

24 MR. MAFRICI: Yes.

25 CHAIRMAN STUTO: That will be important to us.



1 MR. KOLANKOWSKI: The earlier concept that we  
2 looked at will have the sidewalk in the front.

3 MR. MAFRICI: The current sketch plan shows a  
4 connection sidewalk all along South Family Drive up to  
5 Sand Creek. As you know the Funeral Directors did a  
6 sidewalk up to Sand Creek. We proposed to continue  
7 that to our site.

8 MR. KOLANKOWSKI: Regarding the waivers, I think  
9 that there are some situations that they have to deal  
10 with. There are some constraints. The easement in  
11 front with the Watervliet water going through - I think  
12 that is a significant factor that limits where you can  
13 put the building. The site configuration is kind of  
14 difficult for you to maintain that orientation of your  
15 building to the road. We don't see a problem. The  
16 character of the road - the buildings are setback a  
17 little bit.

18 That's about it.

19 CHAIRMAN STUTO: Okay, I'll open it up to the  
20 Board.

21 MR. MION: If I wanted to go up to the Clifton  
22 park facility, who would I contact?

23 MS. DOBBINS: Actually at the last meeting, Donna  
24 Cararidge was the Executive Director there. Her e-mail  
25 address is dcardish@peregrine-companiesids.com. You

1 can write down Beacon Pointe. I don't know the number  
2 off the top of my head.

3 CHAIRMAN STUTO: I actually did look online and it  
4 was easy to find.

5 MS. DOBBINS: It's straight up 87 off of Exit 9.  
6 I think that you'll be impressed with our staff. Feel  
7 free to walk in any time you want.

8 MR. MION: So, we don't have to call ahead?

9 MS. DOBBINS: No, you don't have to call ahead.  
10 Like I said, if you want lunch - but they'll give you  
11 something anyway. They always have coffee and cookies.  
12 There is always something there.

13 CHAIRMAN STUTO: Any other questions?

14 MR. LANE: I have a question about the area around  
15 the robot. I know that it's a fire access lane. We  
16 were talking last meeting with the grass pavers. I  
17 don't know if the grass pavers can support the fire  
18 engines. I don't know if the base is good enough. How  
19 often would a fire engine go in and around there?

20 MS. DOBBINS: It's really a plowing issue. We  
21 have to keep our exits free and we don't have a choice.

22 MR. AUSTIN: That's not only a fire access area,  
23 but it's a EMS issue.

24 MS. DOBBINS: We have to work that out with the  
25 Fire Department how they want us to do it. They'll

1 probably want to come in the front. It's conceivable  
2 that we could do it as grass. I'm all for it. I don't  
3 like the paved area.

4 MR. MAFRICI: The Fire Department wanted it that  
5 way.

6 MR. AUSTIN: Well, it's only a single-story so it  
7 shouldn't be an issue.

8 MS. DALTON: We discussed that when they were  
9 putting a fire exit and entrance in for the hotel.

10 CHAIRMAN STUTO: We were debating that.

11 MR. LACIVITA: I don't think that we all agreed  
12 that we were going to use the grass pavers.

13 CHAIRMAN STUTO: They're going to look closer at  
14 it. If you could look at it and give us an adequate  
15 answer?

16 MR. LACIVITA: For those of you who are  
17 interested, it's Beacon Pointe at 1 Emma Lane in  
18 Clifton Park and it's 371-2200 for those who want to  
19 call.

20 CHAIRMAN STUTO: Thank you.

21 You're going to pay full property tax?

22 MS. DOBBINS: That's correct. We're not on any  
23 pilot program. We've scheduled taxes in with our  
24 budget.

25 CHAIRMAN STUTO: I think that there is a need for

1           this. It seems like a wonderful addition to the Town,  
2           function wise. I think that we'll be looking to see  
3           all of the things that we talked about addressed;  
4           architectural features, landscaping, aesthetic. It  
5           looks like it's going to have a good function there.

6           Thank you.

7           MS. DOBBINS: Thank you.

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11                           (Whereas the proceeding was concluded at  
12           9:07 p.m.)

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CERTIFICATION

I, NANCY STRANG-VANDEBOGART, Shorthand  
Reporter and Notary Public in and for the State of  
New York, hereby CERTIFY that the record taken by  
me at the time and place noted in the heading  
hereof is a true and accurate transcript of same,  
to the best of my ability and belief.

\_\_\_\_\_

NANCY STRANG-VANDEBOGART

Dated April 2, 2013

