

1 PLANNING BOARD COUNTY OF ALBANY

2 TOWN OF COLONIE

3 \*\*\*\*\*

4 ALBANY MED EMURGENT CARE  
1019 LOUDON ROAD SKETCH PLAN REVIEW

5 \*\*\*\*\*

6 THE STENOGRAPHIC MINUTES of the above entitled  
7 matter by NANCY L. STRANG, a Shorthand Reporter,  
8 commencing on January 24, 2017 at 7:02 p.m. at The  
Public Operations Center, 347 Old Niskayuna Road,  
Latham, New York.

9

10 BOARD MEMBERS:  
11 PETER STUTO, CHAIRMAN  
12 LOU MION  
13 BRIAN AUSTIN  
14 TIMOTHY LANE  
15 KATHLEEN DALTON  
16 CRAIG SHAMLIAN  
17 SUSAN MILSTEIN

18 ALSO PRESENT:

19 Joseph LaCivita, Planning and Economic Development  
20 Department  
21 Michael Tengeler, Planning and Economic Development  
22 Department  
23 Rich Rosen, Columbia Development  
24 Joseph Bianchi, PE, MJ Engineering  
25 Charles Voss, PE, Barton & LoGuidice

21

22

23

24

25

1                   CHAIRMAN STUTO:    The meeting of the Planning  
2                   Board is called to order. Welcome everyone to the Town  
3                   of Colonie Planning Board.

4                   Do you have any administrative matters before  
5                   we call the first project?

6                   MR. LACIVITA:    Yes, one important one.

7                   Remember we talked about February 7th were  
8                   going to start at 6:30. We're going to post that on my  
9                   end we will start at 6:30 at our next meeting just to  
10                  try to get a couple of the projects off of our docket.

11                  CHAIRMAN STUTO:    So, anyone here who intends to  
12                  come in two weeks, we are going to start a half-hour  
13                  early. We have a lot of items on and we didn't want to  
14                  keep the public here too late. So, we are trying to do  
15                  the best we can on that. Anything else?

16                  MR. LACIVITA:    That is it.

17                  CHAIRMAN STUTO:    The first item on the agenda  
18                  is Albany Med Emurgent Care, 1019 Loudon Road, Sketch  
19                  Plan Review. The project proposed is raze existing  
20                  building and replace with a 30,000 square foot one  
21                  story medical office.

22                  MR. LACIVITA:    This is a great opportunity.  
23                  This is the former Michael's Banquet House. In the  
24                  timeframe that we are in - when you look at projects  
25                  trying to command with density issues, this is a

1 project that could have been a lot denser than what it  
2 is. We are looking at a one-story 30,000 square foot  
3 medical office. I think it is a component of Albany  
4 Medical Center. Tonight we have MJ moving forward.  
5 So, we will let you take it over and get into the  
6 design.

7 MR. BIANCHI: Joe Bianchi of MJ Engineering. I  
8 am here with Rich Rosen from Columbia Development who  
9 was the developer of the project. As Joe indicated  
10 this is an exciting project. Michael's has fallen into  
11 disrepair and I think there's an opportunity to really  
12 improve the site. So, the parcel is located at 1019  
13 Loudon Road. Again, the existing use or the former  
14 use is Michael's Banquet facility. The parcel is  
15 roughly 4 acres. It is in the COR zoning district. It  
16 is abutted by the COR to the north and south and  
17 residential to the rear. The existing facility is  
18 roughly 18,000 square feet and single story. So, as  
19 indicated, the proposal is for a single story 30,000  
20 square foot medical office use. Within that use will  
21 be three tenants. Albany Med will have Emergent Care.  
22 Then, there will be sports medicine who will be the  
23 largest tenant. In the middle will be a future medical  
24 tenant of Albany Med who is yet to be defined. That  
25 will probably be somewhat up in the next couple months

1 or so. All the utilities are there; water, sewer and  
2 gas - that service the existing banquet facility. We  
3 would continue to use the services. Water is out on  
4 Loudon Road. We would have to enlarge that service to  
5 accommodate fire protection. Sewer is out the back  
6 and will probably have to do some rehab work, but the  
7 sewer is already there. Again, gas and electric are  
8 already there. As far as the parking layout, we  
9 recognize that the COR district has goals and  
10 objectives where you want to place the building as  
11 close to Route 9 as possible and try to put the  
12 parking to the rear.

13 There are some peculiarities of the site, as  
14 well as the use, that sort of limit our abilities to  
15 do that. When we were before the DCC we had the  
16 building about 100 feet away from the front of the  
17 right-of-way. We have since pushed it as close as we  
18 could get. It is about 80 feet off the front of the  
19 property line. If you have been to the site, it drops  
20 pretty drastically. So, with the single-story building  
21 pushing up back that close to the road - it would of  
22 really sort of hidden the building. We want to make it  
23 a visual presence from the right-of-way. So, we think  
24 that is a benefit -

25 CHAIRMAN STUTO: Did you want the building in

1 the back?

2 MR. BIANCHI: No. We want the building where we  
3 have it. The reason is because - the building is where  
4 the existing building is. It works very well with the  
5 site. So, we would like to keep it the way it is.  
6 Then, with the medical use, the objective is to get  
7 the parking close to the front door. So, by spreading  
8 it out and putting it in the back - it starts to put  
9 it out of reasonable walking distance for that use.  
10 Some of the items that we are dealing with from the  
11 environmental setting - there is a state wetland that  
12 sort of loops the project. That adjacent area kind of  
13 extends onto our property. It has already been a  
14 developed site for 30 years, so the parking is in the  
15 adjacent area. Our goal is to basically eliminate or  
16 reduce the amount of impervious area in the adjacent  
17 area. So, this is the adjacent area over here where  
18 were trying to bring the parking up as far as possible  
19 (Indicating). We have actually already submitted a  
20 permit to DEC for the adjacent area work that we are  
21 proposing. The work that is going to be in that area  
22 is very minimal. It is a parking lot rehab. They are  
23 putting some storm water facilities in the back over  
24 here (Indicating). That is really the extent. It is  
25 really trying to take that impervious parking that's

1 on there. Again, the architecture is pretty  
2 appealing. It is one story. It is very graphic and  
3 very eye appealing. On some of the other items that  
4 we are doing - as most of the Town of Colonie is in a  
5 culturally sensitive area, we have already gone  
6 through that study and we have a no affect letter from  
7 SHPPO so that will clear the way SEQRA findings and  
8 getting our storm water permit.

9 We did do a traffic study. Creighton Manning  
10 did it. What we did is we compared both the former  
11 use of a restaurant during the day and evening hours  
12 to the proposed medical use. When we compared those  
13 two uses, this would have slightly more vehicle trips  
14 in the a.m. and then some more as well and the p.m.  
15 When we compared this use as a banquet facility during  
16 the evening hours compared against the medical use,  
17 the banquet facility had many more trips generated.  
18 So, we think from a traffic standpoint, it doesn't hit  
19 that hundred trip magic number where you have to reach  
20 out to DOT and get their approval. We have had  
21 initial discussions with DOT regarding the  
22 right-of-way and access.

23 We spoke with Matt Haggerty. It doesn't seem  
24 that there will be an issue as far as they're  
25 concerned, but we will continue to engage DOT in that

1 process. We do have the DCC's comments and have gone  
2 through them. We will just quickly go over some of  
3 those comments. We did request some relief about  
4 placement of the building relative to the  
5 right-of-way. Similar to that, we would also request  
6 some relief about placing the parking lot in front of  
7 the building. That is what I already talked about  
8 earlier.

9 We do know that staff had requested looking at  
10 the sidewalk along the frontage. We did not show that,  
11 nor did we show the linkage from the building out to  
12 the right-of-way. Again, the linkage is very difficult  
13 because of the grade change. If we put it in there,  
14 it would not be ADA accessible because of the amount  
15 of vertical change in elevation between the front door  
16 and the road.

17 CHAIRMAN STUTO: The linkage to where? I'm not  
18 sure what you're talking about.

19 MR. BIANCHI: Staff had asked for us to bring  
20 the sidewalk from here (Indicating) out and then also  
21 show the sidewalk along Route 9. Nine is more easily  
22 achievable in making this connection. To do this  
23 connection, we would have to change the access and  
24 there is a fair amount of utilities that we would  
25 actually have to get permission to move. They are not

1 Town utilities. It is natural gas. So, we would like  
2 to have a discussion as to what is the desire for  
3 that. The connection is really challenging for us.

4 MR. BIANCHI: If somebody happened to be on the  
5 sidewalk there on that section of Route 9, what would  
6 be the most logical way to get there?

7 MR. BIANCHI: They could walk down to the  
8 entrances. Again, staff had questions about SHPPO  
9 again. We have a no effect letter and we will provide  
10 that with our next submission.

11 There was discussion from Lorena Thomas at DOT.  
12 She thought that it may be good idea from a traffic  
13 management perspective to do some sort of connections  
14 north and south. I don't believe that Columbia  
15 Development has an issue about land easements.  
16 However, to make the connection would require impacts  
17 to wetlands. We had no intention to do any wetland  
18 impacts in trying to minimize, avoid and mitigate. We  
19 don't want to mitigate. We don't need to. We could  
20 grant easements, but we have no intention to cross the  
21 state wetland. Plus, this is a competing medical use  
22 and they may not really want to give us access.

23 CHAIRMAN STUTO: Connectivity, that way, is  
24 important to us. You should continue that conversation  
25 and check, please keep an eye on that. It's not about

1 that. It is about the ease of flow of traffic.

2 MR. BIANCHI: Understood. So, that is a brief  
3 overview.

4 CHAIRMAN STUTO: Can you talk more about the  
5 ingress and egress?

6 MR. BIANCHI: Right now there are basically  
7 three points of access. These are very wide access  
8 points. So, we are basically reducing it down to two.  
9 This would be full access (Indicating). This is  
10 basically the southernmost access that exists today.  
11 So, we are basically just narrowing it down. The  
12 northern one would be exit only and that would be  
13 primarily for deliveries, for refuse removal or if  
14 ambulances had to arrive -

15 CHAIRMAN STUTO: S it right out once you leave?

16 MR. BIANCHI: It's full-access out. So, there  
17 are no restrictions as of yet. DOT, through their  
18 initial comments, made no indication of these becoming  
19 problematic. So, this would be just exit only and this  
20 full-access in and out.

21 CHAIRMAN STUTO: Chuck, do you want to comment  
22 on that now because that's kind of big one.

23 MR. VOSS: I think that you have existing curb  
24 cuts there now, Peter. My sense is that - we've been  
25 to the site once already. The right-of-way is

1           certainly wide enough. The lines of sight are  
2           certainly clean enough to allow the two curb cuts to  
3           exist. However, there are some grade issues there  
4           which may cause some sight lines depending on how you  
5           regrade those ramps coming up.

6                   CHAIRMAN STUTO: I guess I'm most worried about  
7           the left out on the exit.

8                   MR. VOSS: We can certainly take a look at it  
9           at this point, but our inclination typically on a  
10          state road is to go with what DOT's recommendation is  
11          on these. We'll work with them, certainly, as they  
12          evolve with the plan. If there are some issues there  
13          in terms of that left out, both - southerly and the  
14          northerly, we'll work with DOT on that and see what we  
15          can come up with.

16                   CHAIRMAN STUTO: Okay, do you want to talk  
17          about the building?

18                   MR. BIANCHI: Rich, do you want to talk more  
19          about the building?

20                   MR. ROSEN: Good evening, everyone. My name is  
21          Rich Rosen and I'm with Columbia Development. We are  
22          the applicant. We're very excited that Albany Medical  
23          Center has decided to put a presence here on Route 9.  
24          One of their newer projects that you've probably seen  
25          throughout the Capital District are these Emurgent

1 Care. They are roughly 5,000 square feet. They  
2 provide not only primary care services, but obviously  
3 triage and emergency services to a certain degree that  
4 you can provide in an out-patient facility such as  
5 this.

6 CHAIRMAN STUTO: I want to ask a question.  
7 You're doing everything great. Can the presenter  
8 stand on the left when they have the board up?

9 MR. ROSEN: Sure. So, this will be open from I  
10 believe 9:00 a.m. to 9:00 p.m., seven days a week 365  
11 days a year. Certain holidays they might close  
12 depending on patient flow, but this will be open. The  
13 nice thing about this is that you will see physicians  
14 that are trained to be emergency room physicians. The  
15 will know and recognize if they can treat you here or  
16 if they have to put you back in the ambulance and send  
17 you on to a hospital for more complicated issues.  
18 That's one of the uses here. In between here is  
19 roughly 4,600 square feet which we have identified.  
20 Albany Med doesn't know exactly what type of  
21 physicians and services they're going to provide  
22 there. They have committed to the space. We're going  
23 to build it. Obviously, we're not going to build a  
24 fit-up until we know what their use is. It will some  
25 type of complementary use for this facility based on

1 patient requirements in this internal medicine and  
2 pediatrics unit. So, if they see that there is a lot  
3 of need for ENT, if there is a lot of need for  
4 cardiologists, they will rotate those types of  
5 physicians through this facility to support here to  
6 give it more of that one-stop shopping feel. These  
7 guys are already an existing practice and roughly  
8 14,000 square feet and they are expanding to go into  
9 20,000 square feet. So, we're talking about roughly  
10 71 jobs here. Most of them are retained, but some of  
11 them are new. This is a brand new use so there will be  
12 all new hires, roughly nine to ten employees. The  
13 regular building hours will be from 8:00 to 5:00,  
14 Monday through Friday and probably on a Saturday they  
15 might be open from 9:00 in the morning to 1:00. The  
16 building architecture, as Joe touched on - the  
17 architect looked around and at first we had a brick  
18 building with a flat roof. It's hard to make a  
19 single-story building like that look interesting. The  
20 architect went out and looked around and saw some of  
21 the existing newer architecture on Route 9 and came up  
22 with this combination of cultured stone, peaked roof,  
23 the architectural feature here in the middle. So, I  
24 think that it really blends well with the neighborhood  
25 and some of the COR design issues. It's a single

1 story 30,000 square foot building - once we get the go  
2 and pull a permit, we can probably build this and have  
3 it ready for occupancy in nine to ten months of an  
4 issuance of a building permit. So, our goal would be  
5 maybe sometime at the end of this year to bring this  
6 facility on-line. Any other questions?

7 MR. MION: I see that you have all the handicap  
8 on one side. Would it be possible to take four of  
9 those and put them around the front - maybe have a  
10 sidewalk in the front?

11 MR. ROSEN: We looked at that before in our  
12 original design. He did have handicapped spaces over  
13 here. Trying to get into the greenspace and the bike  
14 rack and force people to go toward the front doors --  
15 for accessibility, we have a drop-off here so there  
16 will be a canopy for patient drop-off underneath the  
17 canopy. That's why we decided to put the handicapped  
18 spots right in front of the building. You'll have  
19 this main entry (Indicating). You'll have this  
20 covered canopy here and once you get inside the  
21 building, there will be a highway connecting all three  
22 practices. So, in case a patient has to go and get an  
23 x-ray, they have an x-ray machine down in Emugent  
24 Care. So, there will be a hallway internally here.  
25 So, patients can - even if they are going here - park

1 here, go inside the building and undercover and go to  
2 any place in the building that they want to. We would  
3 be happy to look at that again - if maybe we could add  
4 one or two handicap spaces over on that one side.

5 MR. MION: I'm just looking at the distance  
6 they have to go. It's halfway down the building, if  
7 not more.

8 MR. BIANCHI: We originally had some of these  
9 over there, but when we pushed it forward we lost  
10 spots.

11 MR. ROSEN: We can look at it again.

12 MR. AUSTIN: You're trying to get the majority  
13 of the people who are there for the Emurgent Care part  
14 at the front section.

15 MR. ROSEN: This will be parking for the  
16 patients. We will have rear entrances here in the  
17 back (Indicating). This will be more for physicians  
18 and employees going into there. Obviously, this all  
19 up front is all basically for the urgent care. One  
20 thing that I would like to add about the curb cuts: We  
21 are going to discourage patients from using this  
22 driveway. So, they will be hopefully entering and  
23 exiting the site for down here (Indicating). We  
24 really put this in because there is an ambulance only  
25 access in the back of the site here.

1 MR. AUSTIN: So, there will be some signage.

2 MR. ROSEN: There will be some signage,  
3 absolutely.

4 MR. AUSTIN: Is there some way to put some  
5 sidewalk along that front section of parking - between  
6 the parking and the building?

7 MR. BIANCHI: Yes, I think that if we were to  
8 actually be able to move some handicap spaces - we'd  
9 have to look at it. Again, we had that before.

10 MR. AUSTIN: Just so that people won't have to  
11 walk through the parking lot to get there.

12 MR. ROSEN: We'll look at it but again, once we  
13 pushed the building forward that became really tight.  
14 It's either put low landscaping at the building edge  
15 or put a sidewalk with low landscaping in.

16 MR. MION: Just another question that I would  
17 have is: Your employee entrances there - I'm sure that  
18 you're going to have some people that work there that  
19 have issues.

20 MR. ROSEN: That's why you see this big come-in  
21 and then we split it because we're fighting the grade  
22 there. We're trying to make it ADA accessible there  
23 with those sidewalks. That's why you don't have a  
24 straight shot into these doors. You come in and you  
25 have to chase the grade to get up to the two doors.

1                   MR. MION: What I'm talking about is the  
2 handicap parking.

3                   MR. BIANCHI: So, these are accessible. They  
4 are just not designated as accessible. We don't have  
5 dedicated accessible spaces over here. This is all  
6 ADA Code.

7                   MR. MION: I was thinking about the employee  
8 end of it.

9                   MR. BIANCHI: Right.

10                  MR. LACIVITA: Rich did mention something about  
11 the emergency ambulance area. I met with Peter Berry,  
12 our Chief of Emergency Services. As we get closer to  
13 the design of the building, can you send us a  
14 schematic of the floor plan so we can get a sense of  
15 what to make comments on with the access points? They  
16 were a little concerned as to where they had to come  
17 to respond to, in case there is that event where we  
18 have them to a different medical location.

19                  MR. BIANCHI: Absolutely. We will work with  
20 them. The canopy will also be just for typical  
21 protection of ice and snow. If it goes back in the  
22 last three or four feet, a vehicle would be under  
23 cover.

24                  MR. AUSTIN: We like the design and we know  
25 that it is a commercial building and I understand that

1 - but I don't know.

2 MR. ROSEN: To me, it's almost getting a little  
3 too busy here with all these peaks. We put columns  
4 in. These are going to be planter areas. I can  
5 challenge my architect to go back and basically make  
6 his day tomorrow morning and tell him they did not  
7 like your design and you did a terrible job for me.  
8 What pops out?

9 CHAIRMAN STUTO: I know what pops out to me and  
10 that's -- you're supposed to face the front of the  
11 building to the road. I understand why you're not  
12 doing that. If you could make the side that is facing  
13 the road look more like the front of the building,  
14 that would be helpful.

15 MR. ROSEN: That big stone feature on the  
16 corner - he made attempts. He was getting there and  
17 maybe I need to push him a little bit more. Maybe if  
18 we do a pop-up here on this end -

19 CHAIRMAN STUTO: I don't mean to get off the  
20 topic of the building -- I think that it could use a  
21 little help, as well. I'm not an architect. Maybe  
22 Chuck could help. What is the road going to look  
23 like? Is there a fence?

24 MR. BIANCHI: Yes, we have a landscaped column  
25 fence with columns.

1                   CHAIRMAN STUTO: Is there a rendition in our  
2 packets, or no?

3                   MR. BIANCHI: No, but we will run a landscaped  
4 fence all along the back edge of the property.

5                   CHAIRMAN STUTO: We're sort of requesting it  
6 and demanding it from others. Fresh Market is an easy  
7 example of something that looks nice.

8                   MR. ROSEN: Again, when Joe was talking about  
9 the grades -- and as you guys know, being familiar  
10 with the site, when you're standing at our front door  
11 you are eight to 12 feet below the road looking down  
12 on it with a one-story building it's tough. That's  
13 why we're definitely going to put up roof screening  
14 and things like that so that you just don't look down  
15 and see a flat roof with equipment stuff. We have a  
16 design. The architect did a line of sight from all  
17 different places on Route 9 to make sure that we put  
18 up the screening so that you don't see the roof-top  
19 equipment. I can go back and tell my architect to  
20 work on this elevation and I don't know what else to  
21 tell him.

22                   CHAIRMAN STUTO: You say that the front is too  
23 busy. It doesn't necessarily have to be three. You  
24 have two sections there, right? You have the  
25 emergency and the ENT? It should only be two that

1 look nicer. You have three peaks before the back  
2 section of the building, correct?

3 MR. ROSEN: Correct, and there is a big bump  
4 out which is right here (Indicating).

5 CHAIRMAN STUTO: Chuck, can you help?

6 MR. VOSS: I think that probably what the Board  
7 would like - what I'm hearing - the western façade of  
8 the building that faces Route 9 - some more  
9 architectural detail along that side. Right now it  
10 kind of looks like the back or the rear of the  
11 building.

12 CHAIRMAN STUTO: You could also make it look  
13 like a faux front door.

14 MR. VOSS: Right. Whether that includes some  
15 modified peaks like you have on the southern exposure  
16 --- maybe carrying part of that canopy around the west  
17 side of the building.

18 MR. ROSEN: I hear you loud and clear and I  
19 will go back and I will challenge my architect to work  
20 on it. Do remember that this is a single-story  
21 building and if you're talking about the top of the  
22 parapet wall -- there could be 14 feet and the road  
23 already is eight to nine feet. You're not going to  
24 see much of that elevation. If we pop up something  
25 there, it will break the roof line so that it won't

1 look so straight and that it's just a flat basic wall.

2 MR. LACIVITA: I think that the point that  
3 you're trying to make right there speaks to trying to  
4 do something because you're probably going to have  
5 rooftop equipment. You'll want to do something that  
6 will hide it.

7 MR. ROSEN: Yes, we have quite the elaborate  
8 roof screening plan going right now. I can spend that  
9 money on maybe something architecturally to hide it.  
10 Roof screening structurally has to come all the way up  
11 through and I have to flash it to the roof and all  
12 that. We will definitely go back and take a look at  
13 that.

14 CHAIRMAN STUTO: Thank you.

15

16 (Whereas the above entitled proceeding was  
17 concluded at 7:25 p.m.)

18

19

20

21

22

23

24

25

CERTIFICATION

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

I, NANCY L. STRANG, 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 L. STRANG

Dated \_\_\_\_\_

