#### **Project Summary**

Roswell Park Comprehensive Cancer Center is submitting an Administrative Review Certificate of Need application for the relocation of an Article 28 extension clinic. This extension clinic will support the clinical needs of cancer patients residing in Northtowns communities. All services currently provided at 100 College Parkway in Williamsville, NY, will move to the new location, as well as radiology services. This project will allow for the consolidation of critical oncology services within a single location to improve access for care for our cancer patients.

#### Acknowledgement and Attestation

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant:

I further certify that the information contained in this application and its accompanying schedules and attachments are accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of articles 28, 36 and 40 of the public health law and implementing regulations, as applicable.

SIGNATURE:	
MI. 5 Jane	DATE
PRINT OR TYPE NAME	5/10/24
Shirley Johnson	
	Chief Clinical Operations Officer

#### General Information

		Title of Attachment:
Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.	YES 🛛 NO 🗌	1
Is the applicant part of an "established PHL Article 28* network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart.	YES 🗌 NO 🛛	

#### Contacts

The Primary and Alternate contacts are the only two contacts who will receive email notifications of correspondence in NYSE-CON. At least one of these two contacts should be a member of the applicant. The other may be the applicant's representative (e.g., consultant, attorney, etc.). What is entered here for the Primary and Alternate contacts should be the same as what is entered onto the General Tab in NYSE-CON.

	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON	SCOMPANY
ontact	Shirley Johnson, Chief Clinical Operations Officer	Roswell Park Comprehensive Cancer Center	
mt	BUSINESS STREET ADDRESS		and the second
rimary Co	Elm & Carlton Streets		
	CITY	STATE	ZIP
	Buffalo	NY	14263
a	TELEPHONE	E-MAIL ADDRESS	
	716-845-3239	Shirley.Johnson@	RoswellPark org

	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S	COMPANY
itact	Jill Masset, Executive Director Market Intelligence	Roswell Park Comprehensive Cancer Center	
onti	BUSINESS STREET ADDRESS		
2	Elm & Cariton Streets		
are	СІТҮ	STATE	ZIP
	Buffalo	NY	14263
	TELEPHONE	E-MAIL ADDRESS	
	716-845-8958	Jill.Masset@Rosw	ellPark.org

DOH 155-A (06/2020)

Schedule 1

1

The applicant must identify the operator's chief executive officer, or equivalent official.

101010	NAME AND TITLE		
IVE	Candace Johnson, President and CEO		
	BUSINESS STREET ADDRESS		
EXECI	Elm & Carlton Streets		
Ιŭ	CITY	STATE	ZIP
ЦШ	Buffalo	NY	14263
I	TELEPHONE	E-MAIL ADDRESS	
ပ	716-845-5772	Candace.Johnson@F	RoswellPark.org

The applicant's lead attorney should be identified:

125	NAME	FIRM	BUSINESS STREET ADDRESS
RNEY	Michael Sexton	Roswell Park Comprehen Cancer Center	Elm & Carlton Streets
TO	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS
AT	Buffalo, NY 14263	716-845-8717	Michael.Sexton@RoswellPark.org

#### If a consultant prepared the application, the consultant should be identified:

E	NAME	FIRM B		BUSINESS STREET ADDRESS
TAN	Frank M. Cicero, Consultant	Cicero Con	sulting Associates	925 Westchester Ave., Ste. 201
ISU	CITY, STATE, ZIP		Telephone	E-Mail Address
col	White Plains, NY 10604		914-682-8654	conadmin@ciceroassociates.com

#### The applicant's lead accountant should be identified:

Ļ	NAME	FIRM		BUSINESS STREET ADDRESS
Roswell Par		Roswell Park Comprehensive Cancer Center		Elm & Carlton Streets
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
ACC	Buffalo, NY 14263		716-845-3564	Ryan.Grady@RoswellPark.org

Please list all Architects and Engineer contacts:

NAME	FIRM		BUSINESS STREET ADDRESS
Justin Rueckel	LaBella Associates	s, DPC	300 State St Ste. 201
HI S I STATE, ZIP	TELEPHC	DNE	E-MAIL ADDRESS
Rochester, NY 14614	585-454	-6110	JRueckel@LaBellaPC.com

F	NAME	FIRM		BUSINESS STREET ADDRESS
U S S S S				
RCHIT and/o	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
AR	E			

#### Other Facilities Owned or Controlled by the Applicant

Establishment (with or without Construction) Applications only- NA

#### NYS Affiliated Facilities/Agencies

Does the applicant legal entity or any related entity (parent, member or subsidiary corporation) operate or control any of the following in New York State?

FACILITY TYPE - NEW YORK STATE	FACILITY TYPE	
Hospital	HOSP	Yes 🛛 No 🗌
Nursing Home	NH	Yes 🗌 No 🖂
Diagnostic and Treatment Center	DTC	Yes 🗌 No 🖂
Midwifery Birth Center	MBC	Yes 🗌 No 🛛
Licensed Home Care Services Agency	LHCSA	Yes 🗌 No 🛛
Certified Home Health Agency	CHHA	Yes 🗌 No 🛛
Hospice	HSP	Yes 🗌 No 🖂
Adult Home	ADH	Yes 🗌 No 🖂
Assisted Living Program	ALP	Yes 🗌 No 🖂
Long Term Home Health Care Program	LTHHCP	Yes 🗌 No 🖂
Enriched Housing Program	EHP	Yes 🗌 No 🖂
Health Maintenance Organization	НМО	Yes 🗌 No 🛛
Other Health Care Entity	OTH	Yes 🗌 No 🛛

Upload as an attachment to Schedule 1, the list of facilities/agencies referenced above, in the format depicted below:

Facility Type	Facility Name	Operating Certificate	Facility ID (PFI)
17.509 5055513631		or License Number	

Hospital

al Roswell Park Comprehensive Cancer Center Operating Certificate: 1401010H PFI: 0216

#### Out-of-State Affiliated Facilities/Agencies

In addition to in-state facilities, please upload, as an attachment to Schedule 1, a list of all health care, adult care, behavioral, or mental health facilities, programs or agencies located outside New York State that are affiliated with the applicant legal entity, as well as with parent, member and subsidiary corporations, in the format depicted below.

Facility Type	Name	Address	State/Country	Services Provide
---------------	------	---------	---------------	------------------

In conjunction with this list, you will need to provide documentation from the regulatory agency in the state(s) where affiliations are noted, reflecting that the facilities/programs/agencies have operated in substantial compliance with applicable codes, rules and regulations for the past ten (10) years (or for the period of the affiliation, whichever is shorter). More information regarding this requirement can be found in Schedule 2D.

DOH 155-A (06/2020) Schedule 1

## Schedule 6 -CON Form Regarding Architectural/Engineering Submission

## Contents:

• Schedule 6 – Architectural/Engineering Submission

# Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles- 28, 36 & 40, i.e., Hospitals, D&TCs, RHCFs, CHHAs, LTHHCPs and Hospices.

#### Instructions

- Provide Narrative using format below.
- Provide Architect/Engineering Certification Form List of Architectural or Engineering Certification Forms
  - Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Full Review Projects, Projects over \$15 Million, or Projects Requiring a Waiver (PDF)
  - Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY. (PDF) (Not to Be Submitted with Self-Certification Projects)
  - Architect's Letter of Certification for Completed Projects (PDF)
  - o Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings (PDF)
- Provide FEMA BFE Certificate (Applies only to Hospitals and Nursing Homes)
  - FEMA BFE Certificate 11Feb2020.pdf
- Functional Space Program: A record of the key environment of care considerations and facility functional and operational parameters that drive the space program for a project. Note: The governing body or its delegate develops the functional program, which is intended to inform the designers of record, authority having jurisdiction, and users of the facility. The size and complexity of the project will determine the length and complexity of the functional program.
- Provide Architecture/Engineering Drawings in PDF format for review. Refer to Electronic Review Guidance Document for instructions for providing drawings for CON review.
- Provide Physicist's Report and the supporting information including drawings, details and supporting information.
  - Physicist's Letter of Certification (PDF)
- Required attachments must be submitted as separate documents and labeled accordingly.
- If any of the attachments require to be updated, provide an updated Schedule 6 form with the revised dates indicated on the form, in the date column.
- Do not combine the narrative, A/E Cert Form and FEMA BFE Certificate into one document.
- Refer to the Contingent Approval or Contingency Satisfaction for Submission Table requirements listed below.

#### Format

 Refer to "NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews" located on the NYSDOH Website. (Drawing files less than 100 MB can be uploaded into one file and bookmarked in PDF format.)

#### "Architecture/Engineering Narrative"

Narrative shall include but not limited to the following information. Please address all items in the narrative located in the response column. Incomplete responses will not be accepted.

	Description
Original Schedule 6 Date:3/8/2021	Revised Schedule 6 Date: Click or tap to enter a date.
Has this project received Contingent Approval or State Hospital Code Approvals? No	If so, what is the original CON number? N/A

Intent/Purpose: Complete fit-out of entire existing 2-story shell building for consolidating	
oncology services, including diagnostic imaging, chemo-infusion and specialty services	S
Site Location: 199-203 Park Club Lane, Buffalo, NY (Erie County)	
Brief description of current facility, including Facility Type: Existing 2-story (plus pentho 29,993 gross SF, adjacent to an existing campus medical office facility.	use) shell building,
Brief description of proposed facility: Complete Tenant Improvement of 2-story interior	space, 25,668 SF
usable space.	
Location of proposed spaces or spaces. (Occupancy type for each occupied space.) Lo proposed services on two (2) floors are classified as Business ('B') occupancy. See atta Narrative for service types.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Ple required smoke and fire separations between occupancies: There are no mixed, multip occupancies.	
If this is an existing facility, is it currently a licensed Article 28 Facility? Shell Building only, will be Article 28 with tenant improvement.	No
Is this facility being converted from a Non-Article 28 Facility to an Article 28 Facility.	Yes
Relationship of spaces conforming with Article 28 space and Non-Article 28 space:	1
Entire facility will be Article 28 compliant. No Non-Article 28 space in building when ten List all Exceptions to the NYSDOH referenced standards.	ant improved.
(Also, to be noted on the exceptions portion of the Architecture/Engineering Certificatio None	n Form.
List all Requests for equivalencies.	
(Also, to be noted on the exceptions portion of the Architecture/Engineering Certificatio None	n Form.
Does the project involve heating, ventilating, air conditioning, plumbing, electrical,	No
water supply, and fire protection systems that involve modification or alteration of	
clinical space, services or equipment such as operating rooms, treatment,	
procedure rooms, and intensive care, cardiac care, other special care units (such	
as airborne infection isolation rooms and protective environment rooms),	
laboratories and special procedure rooms, patient or resident rooms and or other	
spaces used by residents of residential health care facilities on a daily basis? If	
so, please describe below.	
See narrative for detailed building systems descriptions.	
Provide brief description of the existing building systems within the proposed space and	d overall building
systems, including HVAC systems, electrical, fire protection, plumbing, etc.	
Existing shell building. See narrative for more complete info on existing systems with n	ew tenant improvement
Describe scope of work involved in building system upgrades and or replacements, fire	
HVAC systems, Sprinkler, etc.	
See narrative for detailed building systems descriptions.	
Fire Detection, Alarm and Communication System:	
Describe existing system: Existing shell building. See narrative for more complete information with new tenant improvement .	o on existing systems
Fire Detection, Alarm and Communication System:	
Describe proposed system: See narrative for detailed building systems descriptions.	
Is the work involved associated with a waiver provided by NYSDOH and or CMS? If yes, provide waiver number. N/A	
Provide a FEMA BFE Certificate from the FEMA website link www.fema.gov if located i	in a flood zone.
(Applies only to Hospitals and Nursing Homes) Not a Hospital or Nursing Home.	
What type of work will be associated to mitigate damage and provide the ability to mair	ntain operations if
located in a Flood Zone? Located in Zone X, minimal flood hazard. FEMA Firmette pro	
Does the project contain imaging equipment used for diagnostic or treatment purposes	
equipment. Yes - MRI, CT, PET/CT, Nuclear Imaging, Interventional Radiology, X-Ray	

If yes, provide Physicist's Report and the respective drawings and information shall	be submitted for review at
the Design Development phase of review. Physicist Report and drawings will be su	
Development (DD) stage.	Sinited at Design
Compliance with ADA.	
List any areas of noncompliance.	
None. All complies	
Any other additional information?	
N/A	
Description	Response
Type of Work: Tenant Improvement, entire building interior	Renovation
Square footages of existing areas of work, existing floor and or existing building.	29,993 gross SF building; 2 stories plus penthouse.
Square footages of the proposed work area or areas.	25,668 SF of interior
Provide the total aggregated sum of the work area	usable SF for Tenant
	Improvement
Does the area of work exceed more than 50% of the area, floor or building?	Exceeds 50% of the area
Square Footage of Proposed Spaces.	25,668 SF usable
Sprinklered	Sprinklered throughout
Construction Types for the Existing Building and or Proposed Building (NFPA 101	
per occupancy, NFPA 220)	Type II (000)
Building Height	41' (top of penthouse)
Number of Stories	2 stories plus penthouse
Is the proposed Article 28 space located in a basement or underground building?	Not Applicable
Is the proposed Article 28 space windowless space, area or building?	No
Is the building a High Rise?	No
Does the high-rise building have a generator? Not high-rise, but building will have generator.	Not Applicable
What is the occupancy of this project per NFPA 101 Life Safety Code Handbook?	Chapter 38 Business/ Chapter 39 Existing Business
List other occupancies types that are adjacent or within this facility:	
Ensure those spaces are designated on the plans. No other occupancies other than	n Business ('B').
Will the project construction be phased?	No
If yes, how many phases and what is the duration for each phase? Not Applicable	
Does the project contain shell space?	No
Describe propose shell space. Identified Article 28 Shell Space and Non-Article 28 Space.	-
Will spaces be temporarily relocated during the construction of this project. If yes, where will the temporary space be? Click or tap here to enter text.	Not Applicable
Does the temporary space meet the current DOH referenced standards?	Not Applicable
Will spaces be permanently relocated to allow the construction of this project.	
If yes, where will this space be? Click or tap here to enter text.	Not Applicable
Does the proposed temporary space meet the current DOH referenced standards? If no, please describe in detail how the space does not comply.	Not Applicable
Is there a companion CON associated with the temporary space? If so, provide the associated CON number. Click or tap here to enter text.	Not Applicable
Which edition of FGI is being used for this project?	2018 Edition of FGI
Changes in bed capacity?	Not Applicable
If yes, please describe. Click or tap here to enter text.	11
Changes in the number of occupants? If yes, what is new number of occupants? Click or tap here to enter text.	Not Applicable

Does the facility have an EES system?	
If yes, what type? Generator for life-safety and certain equipment. Battery back-up	Yes
on other lighter needs. See narrative for detailed electrical system description.	
Is the existing EES Type 1 and does it meet the current referenced standards?	No
Generator, <b>Type 2</b> .	
Does the project involve Operating Room alterations, renovations or rehabilitation?	Not Applicable
Click or tap here to enter text.	
Does the existing EES system have the capacity for the additional electrical loads?	Not Applicable
No Operating Room work.	
Does the Project involve Bulk Oxygen Systems? If yes, provide brief description.	Yes
Med Gases including Oxygen, piped to Interventional Radiology only.	
Does the existing Bulk Oxygen System have the capacity for additional loads for	No
without bringing in additional supplemental systems?	
Not anticipated to provide additional loads	
Does the project involve a pool?	No

	REQUIRED ATTACHMENT TABLE				
CONTINGENT	CONTINGENCY	Title of Attachment	Attachment File Name in PDF		
APPROVAL	APPROVAL		format		

•	•	Architectural/Engineering Narrative	A/E Narrative.PDF
•	•	Functional Space Program	SpaceProgram.PDF
•	•	Architect/Engineer Certification Form	A/E Cert Form. PDF
•	•	FEMA BFE Certificate	FEMA BFE Certificate.PDF
•	•	Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Code Plans (Floor plans and reflected ceiling plans.)	LSC100.PDF
•	٠	Architectural Floor Plans, Roof Plans and Details	A100.PDF
•	٠	Exterior Elevations and Building Sections	A200.PDF
•	٠	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans and Details	A400.PDF
Optional	٠	Wall Sections and Details	A500.PDF
Optional	٠	Interior Elevations, Enlarged Plans and Details	A600.PDF
	٠	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Report and the respective drawings and information	X100.PDF

## Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

Contents:

Schedule LRA 4/Schedule 7 - Environmental Assessment

Enviror	nmental Assessment		
Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?		
1.2	Does this plan involve construction and change land use or density?		$\square$
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?		$\boxtimes$
1.4	Does this plan involve construction and require work related to the disposition of asbestos?		$\square$
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?		$\square$
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?		$\boxtimes$
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?		$\boxtimes$
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?		$\boxtimes$
2.5	Will the project involve parking for 1,000 vehicles or more?		$\square$
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?		
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?		
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?		
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?		$\boxtimes$
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?		
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?		
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?		$\boxtimes$
2.13	Will the project significantly affect drainage flow on adjacent sites?		$\square$

2.14	Will the project affect any threatened	or endangered plants or animal species?		
2.15	Will the project result in a major adve			
2.16		n visual character of the community or scenic		
2.17	Will the project result in major traffic p transportation systems?	problems or have a major effect on existing		
2.18	Will the project regularly cause object electrical disturbance as a result of the	tionable odors, noise, glare, vibration, or ne project's operation?		$\boxtimes$
2.19	Will the project have any adverse imp	pact on health or safety?		$\boxtimes$
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?			
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?			
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?			
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.			
Part III.			Yes	No
	Are there any other state or local age fill in Contact Information to Question	encies involved in approval of the project? If so, 3.1 below.	$\boxtimes$	
	Agency Name:	Town of Amherst Buiding Department		
	Contact Name:	Timothy Meyers, Sr. Code Enforcement Off	icer	
	Address:	5583 Main Street, Williamsville		
	State and Zip Code:	NY, 14221		
	E-Mail Address:	tmeyers@amherst.ny.us		
	Phone Number:	716-631-7079		
3.1	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
9	Thome Number:			
	Agency Name:			

	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
	Agency Name:				
	Contact Name:				
	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.			Yes	No
	Agency Name:		Town of Amherst Planning Department		
3.2	Contact Name:		Daniel Howard, Planning Director		
-	Address:		5583 Main Street, Williamsville		
	State and Zip Code:		NY, 14221		
	E-Mail Address:		dhoward@amherst.ny.us		
	Phone Number:		716-631-7051		
	Is there a public contro	oversy concerni	ing environmental aspects of this project? If	Yes	No
3.3	yes, briefly describe th	e controversy i	n the space below.		$\boxtimes$
Part IV.	Storm and Flood Mi	tigation			
	Definitions of FEMA F		gnations		
	levels of flood risk. Th	ese zones are o lood Hazard Bo	at the FEMA has defined according to varying depicted on a community's Flood Insurance bundary Map. Each zone reflects the severity or		
			tions scale below as a guide to answering all t location, flood and or evacuation zone.	Yes	No
	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).			$\boxtimes$	
	Moderate to Low Risk Area			Yes	No
	Zone	Description		$\square$	
4.1	In communities that pa property owners and r		NFIP, flood insurance is available to all zones:		
	B and X	100-year and 500 of lesser hazards or shallow floodi	e flood hazard, usually the area between the limits of the D-year floods. Are also used to designate base floodplains , such as areas protected by levees from 100-year flood, ng areas with average depths of less than one foot or ess than 1 square mile.		

C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	$\boxtimes$
High Risk Areas		Yes
Zone	Description	
In communities that p requirements apply to	participate in the NFIP, mandatory flood insurance purchase o all these zones:	
Α	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	
АН	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	
AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	
High Risk Coastal A	Nrea	Yes
Zone	Description	
In communities that p requirements apply to	participate in the NFIP, mandatory flood insurance purchase	
Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	
<b>Undetermined Risk</b>	Area	Yes

	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.	
	Are you in a designated evacuation zone?		$\square$
4.2	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.		
	If yes which zone is the site located in?		
	Does this project refle mitigation standards?	ct the post Hurricane Lee, and or Irene, and Superstorm Sandy	$\boxtimes$
4.3	If Yes, which	100 Year	
	floodplain?	500 Year	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

https://www.fema.gov/media-library-data/1582295171786-6506170c5f54026f585e44e2fc94950d/FF086033 ElevCert FormOnly RE 11Feb2020.p df

Town of Amherst Planning Department

Erie County, New York

MAY 0 5 2020

GPI



Brian J. Kulpa Supervisor Daniel C. Howard, AICP Planning Director Ellen M. Kost, AICP Assistant Planning Director

Pransmitted electronically

April 30, 2020

Amber Holycross <u>aholycross</u> <u>aciminelli.com</u> Ciminelli Real Estate Corp. 50 Fountain Plaza, Suite 500 Buffalo, New York 14202

#### SUBJECT: MAJOR SITE PLAN REVIEW, **SP-2012-02C & SP-2000-07C**; PROPOSED MEDICAL OFFICE BUILDING ADDITION AND PARKING LOT EXPANSION, SP-2000-07C AND SP-2012-07C UNIFIED EVELOPMENT; PROPERTY LOCATED AT **195, 199, 205 & 225 PARK CLUB LANE**.

Dear Ms. Holycross:

At its meeting of April 23, 2020 the Planning Board voted to issue the attached Negative Declaration and grant conditional approval for the subject site plan based on the attached Resolution. *Site work cannot begin until all of the following steps have been completed:* 

- 1. Address conditions of approval: All conditions stated in the Resolution of Approval must be satisfactorily addressed. This likely will require the submittal of additional plans and materials to address outstanding concerns.
- 2. Approved plans are issued by the Planning Department: Once the Planning Department determines that all conditions have been addressed, seven (7) copies of all site plan drawings, including landscape, utility, and grading and drainage plans must be submitted. Please do not submit any drawings other than those submitted for site plan approval. These drawings will be stamped and signed "Approved" by the Planning Department and transmitted to Town Departments.
- 3. A building permit is issued by the Building Department: The Building Department will not issue permits until they receive "Approved" site plans from the Planning Department.

The Negative Declaration and Planning Board Resolution have been filed in the Office of the Town Clerk. Should you have any questions regarding the Planning Board's decision or how to address the conditions of approval, please do not hesitate to call us.

Amber Holycross April 30, 2020 Page 2

Please note that in accordance with Section 8-7-15 of the Zoning Ordinance, if construction of the approved development has not commenced within two (2) years from the time of site plan approval, that approval shall be deemed revoked.

Very truly yours,

/ES/ Daniel C. Howard

Daniel C. Howard, AICP Planning Director

DH/ac

X:\Current\_Planning\Files\Site Plans\2012\SP-2012-02\_C\_(195, 199, 205 & 225\_Park\_Club\_Ln)\_2020\SP-2012-02C\_Pet-Let\_Approval\_After\_Mtg\_043020.doc

cc: Sean Hopkins, 5500 Main St., Suite 343, Williamsville, NY 14221 <u>shopkins@hsr-legal.com</u> William Hovey, RA, La Bella, 300 Pearl Street, Suite 30, Buffalo, NY 14202 <u>whovey@labellape.com</u> Jason Burford, GPI Engineering, 4950 Genesee Street, Suite 100, Buffalo, NY 14225 jasonburford@gpinet.com

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Town of Amherst Planning Department



Erie County, New York

Brian J. Kulpa Supervisor

Daniel C. Howard, AICP Planning Director

Ellen M. Kost, AICP Assistant Planning Director

### SEQR Negative Declaration

APR30120 PM GR4D ROU

#### NOTICE OF DETERMINATION OF NON-SIGNIFICANCE

Lead Agency:	Town of Amherst Planning Board	Project:	SP-2012-02-C & SP-2000-07-C
Address:	5583 Main Street Williamsville, NY 14221 (716) 631-7051	Date:	April 23, 2020

This notice is issued pursuant to Part 617 and Local Law #3-82, as amended, of the implementing regulations pertaining to Article 8 (State Environmental Quality Review) of the Environmental Conservation Law.

The Lead Agency has determined that the proposed action described below will not have a significant adverse effect on the environment.

Title of Action: Site Plan Review

SEQR Status: Unlisted Action

**Description of Action:** Proposed addition of a 40,313± sq. ft. medical office building on the property located at 199 Park Club Lane and 278 parking space expansion on property located at 195 and 225 Park Club Lane (National Grid right-of-way). Work will include the site improvements not specifically stated above, including, stormwater, utilities, grading, lighting, paving, and landscaping.

Location: 195, 199, 205 & 225 Park Club Lane, Amherst, Erie County

Petitioner: Ciminelli Real Estate Corporation

APR30120 FM 3:42 RCUD

#### **Reasons Supporting This Determination**

 $r^{0}$ 

Based on information submitted by the applicant including a Full Environmental Assessment Form (EAF) - Part I, (as amended) and a complete site plan application, a preliminary staff analysis was undertaken. Compared to the criteria listed in Section 617.7, all indications are that this action will not have a significant impact on the environment, as follows:

1. The project is not expected to cause a substantial adverse change in existing air quality, ground or surface water quality or quantity, or noise levels; a substantial increase in solid waste production; or a substantial increase in the potential for erosion, flooding, leaching or drainage problems. The Engineering Department on April 17, 2020 reviewed the Grading and Utility Plans, Engineers Report submitted on April 8, 2020, Erosion Control Plan and Downstream Sewer Capacity Analysis submitted on February 24, 2020 and Geotechnical Report prepared by WMA Engineering, DPC dba Empire Geotechnical Engineering Services.

The Stormwater Pollution Prevention Plan (SWPPP) submitted on February 24, 2020 was also reviewed. Based on its review of these documents, the Department has determined that the project has or will have met all applicable requirements and has no objection to its approval.

- 2. The project will not result in the removal or destruction of large quantities of vegetation or fauna; or in significant adverse impacts to fish or wildlife species, habitats or other natural resources. The Planning Department reviewed a Landscape Plan submitted on April 8, 2020 and determined that it meets or exceeds Zoning Ordinance requirements for greenspace. The Landscape Plan has or will have met all Zoning Ordinance and Town requirements for landscaping. Earth Dimensions, Inc. on November 22, 2019 conducted a wetland investigation for the undeveloped portion of the site, and in their letter dated November 27, 2019 indicated that they did not identify any wetland as defined by the United States Army Corps of Engineers.
- 3. The project is not expected to create any material conflict with the Town Comprehensive Plan. The Building Department in their review of March 18, 2020, the Zoning Enforcement Officer in their review of March 27, 2020 and the Planning Department in their review of March 27, 2020 heve reviewed the application documents, along with the Geotechnical Report submitted on April 8, 2020 and site plan, landscape plan and photometric plan submitted on February 24, 2020 and determined that the subject project has or will have met all International Building Code – 2015 and Zoning Ordinance regulations.

Negative Declaration SP-2012-02-C & SP-2000-07-C April 23, 2020 Page 3

APR30120 PM 3:46 ROVE

- 4. The project is within an area identified by the State as having potential archaeological or historical significance. A report prepared by Panamerican Consultants and received and reviewed by the NYS Office of Parks, Recreation and Historic Preservation Office concluded that the project will not have a significant impact on historical or cultural resources as stated in the NYS Office of Parks, Recreation and Historic Preservation Office letter of January 13, 2020.
- 5. The project will not impair the character or quality of important aesthetic resources or of existing community or neighborhood character. The project is located in the Office Building District (OB) and Community Facilities District (CF) zoning districts; neighboring uses are office, utility transmission lines, and single family residential and zoned Office Building District (OB) and Community Facilities District (CF) and Residential District Three (R-3); therefore, the project is consistent with surrounding land use.
- 6. The proposed subject development will include the addition of a 40,313± sq. ft. medical office building on the property located at 199 Park Club Lane and 278 parking space expansion on property located at 195 and 225 Park Club Lane (National Grid right-of-way), which will not cause a major change in the use of either the quantity or type of energy.
- 7. The project will not create any hazard to human health. The Fire Chief's Association on March 31, 2020 has reviewed the project and has no objection to the approval of the site plan, as all requirements of this agency has er will have been met.
- 8. The project will not cause a substantial change in the use, or intensity of use, of land including agricultural, open space or recreational resources, or in its capacity to support existing uses. The addition of a 40,313± sq. ft. medical office building on the property located at 199 Park Club Lane and 278 parking space expansion on property located at 195 and 225 Park Club Lane (National Grid right-of-way) will be consistent with the scale of surrounding land uses.
- 9. The function of the proposed addition of a 40,313 sq. ft. medical office building on the property located at 199 Park Club Lane and 278 parking space expansion on property located at 195 and 225 Park Club Lane (National Grid right-of-way) will increase the number of people using the site over its previous level of use however all required infrastructure will be in place to accommodate the increase.
- 10. Review of the Traffic Impact Study (TIS) prepared by SRF Associates and the site plan materials submitted on February 24 and April 8, 2020 by the Town Traffic/Safety Board in their review dated April 21, 2020 and NYSDOT in their review dated April 1, 2020 indicates that significant negative traffic impacts are not expected to result from the proposed project.

Negative Declaration SP-2012-02-C & SP-2000-07-C April 23, 2020 Page 4

APR30120 PM 3:43 ROUD

- 11. The Town Board on January 21 and February 24, 2020 reviewed a request to grant relief of previous rezoning restrictions that limited the height of buildings that could be erected on the property to 28'-81/4" in height and granted such relief on March 9, 2020, and
- 12. The Zoning Board of Appeals on April 21, 2020 reviewed a request for seventeen (17) variances to §203 of Town Code for building, accessory use and parking setbacks, landscaping, required parking, location of parking in relation to the proposed building entrance and illumination levels and granted said variances on April 21, 2020, and
- 13. A coordinated review of the project has been undertaken by Town Departments including, in addition to those mentioned above, Assessor on March 9, 2020, Plumbing Division on April 13, 2020 and Right-of-Way Agent on March 9, 2020. These reviews did not identify any potential significant adverse environmental issues and indicated that the proposal will not have a significant damaging impact on the environment.
- 14. Issues not specifically mentioned above and/or those not specifically reviewed were not raised by Town departments, outside agencies or the public and are not determined to cause significant negative environmental impacts.

Planning Board Approval Moved by: Chmiel; Seconded by: Penberthy; Ayes; 6, Noes 0.

anall signature & title of preparer Date

Robert J. Gilmour, Planning Board Chair

SM/ac

CC:

X:\Current Planning\Files\Site Pians\2012\SP-2012-02\_C\_(195, 199, 205 & 225\_Park\_Club\_Ln)\_2020\SP-2012-02\_C\_&\_SP-2000-07\_C\_Blurb\_042320 doc

Amherst Town Clerk **Building Department** Engineering Fire Chiefs' Highway Traffic/Safety ECDEP

Amber Holycross, AIA, Ciminelli Real Estate Corporation, 50 Fountain Plaza, Suite 500, Buffalo, NY 14202 Sean Hopkins, Esq., Hopkins Sorgi & McCarthy PLLC, 5500 Main Street, Suite 343, Williamsville, NY 14221 William Hovey, RA, La Bella, 300 Pearl Street, Suite 30, Buffalo, NY 14202 Jason Burford, GPI Engineering, 4950 Genesee Street, Suite 100, Buffalo, NY 14225

#### TOWN OF AMHERST PLANNING BOARD SITE PLAN & UNIFIED DEVELOPMENT RESOLUTION SP-2012-02-C & SP-2000-07-C

#### PETITIONER

#### PROPERTY LOCATION

195, 199, 205 & 225 Park Club Lane

Ciminelli Real Estate Corporation Amber Holycross 50 Fountain Plaza, Suite 500 Buffalo, New York 14202

APR30120 PM 3:43 PCUD

WHEREAS, the Town of Amherst Planning Board at its meeting of Thursday, April 23, 2020 considered a Site Plan for the proposed addition of a  $40,313\pm$  sq. ft. medical office building on the property located at 199 Park Club Lane and 278 parking space expansion on property located at 195 and 225 Park Club Lane (National Grid right-of-way), and

WHEREAS, the Planning Board reviewed the plans and specifications for the proposed project, and

WHEREAS, the Town Board on March 9, 2020 granted relief to previous rezoning restrictions that limited the height of buildings that could be erected on the property to 28'-8<sup>1</sup>/<sub>4</sub>" in height, and

WHEREAS, the Zoning Board of Appeals on April 21, 2020 granted a total of seventeen (17) variances related to building, accessory use and parking setbacks, landscaping, required parking, location of parking in relation to the proposed building entrance and illumination levels, and

WHEREAS, the Site Plan was referred to the Town's various review agencies, and

WHEREAS, in accordance with Section 8-7-9 of the Zoning Ordinance, the Planning Board finds that:

A. The proposed site plan is consistent with the development plan if one is required.

B. The proposed site plan is consistent with the purpose and specific requirements of the Zoning Ordinance and generally consistent with the policies of the Comprehensive Plan.

C. Adequate services and utilities will be available prior to occupancy.

D. The site plan is consistent with all other applicable laws.

E. Pursuant to Local Law #3-82, as amended, the Planning Board has determined that the requirements of SEQR are complete and that the subject proposal is not expected to have a significant adverse effect on the environment.

F. Review by the US Army Corps of Engineers under Section 404 of the Clean Water Act is not required as no potential federal wetlands or have been identified on the parcel.

#### TOWN OF AMHERST PLANNING BOARD SITE PLAN & UNIFIED DEVELOPMENT RESOLUTION SP-2012-02-C & SP-2000-07-C

#### PETITIONER

#### PROPERTY LOCATION

Ciminelli Real Estate Corporation

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195, 199, 205 & 225 Park Club Lane

APR30120 pm 3:43 RCVD

NOW THEREFORE BE IT RESOLVED that in accordance with 6 NYCRR, Part 617 and Local Law #3-82, as amended, the Planning Board has issued a Negative Declaration attached hereto, and

NOW THEREFORE BE IT FURTHER RESOLVED that the Planning Board, in accordance with Section 8-7 of the Zoning Ordinance approves said Site Plan subject to the following conditions:

- 1. That the consideration of signs is specifically excluded from this approval as they require a separate review and approval by the Town.
- 2. That all dumpsters/trash containers and all mechanical equipment, utility structures, multiple meter boards, generators, and similar appurtenances, including those which are mounted on any part of a primary structure shall be appropriately screened with a fence, wall, and/or landscaping. Provide gate on dumpster enclosure that shall be closed whenever dumpster is not being serviced, enclosure shall be high enough to screen the dumpster(s) within.
- 3. That as-built record drawings, including location of utilities, be provided to the Engineering Department prior to issuance of a Certificate of Occupancy by the Building Department.
- 4. That a draft reciprocal easement agreement (REA) for the three (3) parcels that comprise this Unified Development at 195, 199 & 205 Park Club Lane be submitted, approved and filed with the Erie County Clerk's Office, and copies of the filed REA be provided to the Planning Department.
- 5. That the comments of the Plumbing Division in the memorandum dated April 13, 2020 relating to the sanitary sewer laterals be addressed to the satisfaction of that office.
- 6. That the comments of the Engineering Department in the letter dated April 17, 2020 relating to the open cut of Park Club Lane, Enbridge pipeline, grading and utility plans and commitment to the sewer relief fund be addressed to the satisfaction of that department.
- 7. That the concerns in the Stormwater Management Officer's letter dated April 16, 2020 relating the permanent post construction stormwater measures be addressed to the satisfaction of the officer.

#### TOWN OF AMHERST - PLANNING BOARD SITE PLAN & UNIFIED DEVELOPMENT RESOLUTION SP-2012-02-C & SP-2000-07-C

#### <u>PETITIONER</u>

#### PROPERTY LOCATION

Ciminelli Real Estate Corporation

195, 199, 205 & 225 Park Club Lane APR30'20 PM 3:43 ROVD

- 8. That the concerns raised in the Amherst Fire Chiefs' Association memorandum dated March 31, 2020 relating to the building's fire service protection be addressed to the satisfaction of that agency.
- 9. That any concerns raised by the Town of Amherst Highway Department for work within the Park Club Lane right-of-way be addressed to the satisfaction of that department.
- 10. That the concerns raised in the Amherst Traffic Safety Board letter dated April 21, 2020 relating to additional traffic control signage be addressed to the satisfaction of that board.
- 11. That all landscape islands be dimensioned and comply with §203-7-2-3 A (3) (b) of Town Code.
- 12. That all landscape islands contain plantings as required by §203-7-2-3 A (3) (e) of Town Code.
- 13. That all landscape islands be curbed as required by §203-7-2-3 A (3) (k) of Town Code.
- 14. That an overall landscape plan incorporating all the parcels in the Unified Development showing all existing, previously approved and proposed plantings be provided.
- 15. That all site drawings clearly indicate the property lines for all parcels included in this request.

The foregoing resolution was adopted by the Town of Amherst Planning Board, April 23, 2020. moved by — Penberthy; seconded by – Chmiel: ayes 6, noes 0.

	Robert J. Gilmour, Cha	) air	-1 30 20 Date	
SM/ac X:\Current	Planning\Files\Site Plans 2012\SP-2012-02_C_(195)	, 199, 205 & 225 Park_(	Club_Ln)_2020\SP-2012-02_C_&_SP-	2000-07_C_Blurb_042320.doc_
cc:	Town Clerk		Approved Plan Date:	April 3, 2020
	Commissioner of Building		Received Date:	April 8, 2020
	Town Engineer		LaBella Associates	
	Fire Chiefs	Traffic/Safety		
	Highway Superintendent	ECDEP	NYSDOT	
	Amber Holycross, AIA, Ciminelli Rea	al Estate Corporati	on, 50 Fountain Plaza, Suite	500, Buffalo, NY 14202
	Sean Hopkins, Esq., Hopkins Sorgi & William Hovey, RA, La Bella, 300 Pe Jason Burford, GPI Engineering, 4950	McCarthy PLLC, arl Street, Suite 30	5500 Main Street, Suite 343 ), Buffalo, NY 14202	, Williamsville, NY 14221

### New York State Department of Health Certificate of Need Application Schedule 11 - Moveable Equipment

For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review \*

#### Table I: New Equipment Description

Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufactor where applicable.	Number of units	Lease (L) or Purchase (P)	Date of the end of the lease period	Lease Amount or Purchase Price
		MOVEABLE EQUIPMENT - DEPRECIABLE CAPITAL				
NA	920	Public Areas		Р		\$214,440
NA	901	Administration (Routine)		Р		\$42,534
NA	924	Coffee/Mini Mart		Р		\$12,000
NA	478	Pharmaceutical Service O/P		Р		\$198,007
NA	201	Blood Services		Р		\$238,501
NA	408	Diagnostic Imaging O/P		Р		\$1,231,592
NA	419	Primary Medical Care O/P		Р		\$443,477
	Total lease and purchase costs: Subproject 1					
		Total lease an	d purcha	ase costs: S	Subproject 2	
Total lease and purchase costs: Subproject 3						
	Total lease and purchase costs: Subproject 4					
Total lease and purchase costs: Subproject 5						
Total lease and purchase costs: Subproject 6						
Total lease and purchase costs: Subproject 7						
Total lease and purchase costs: Subproject 8						
Total lease and purchase costs: Whole Project:				\$2,380,551		

### New York State Department of Health Certificate of Need Application Schedule 11 - Moveable Equipment

#### Table 2 - Equipment being replaced:

List only equipment that is being replaced on a one for one basis. On the first line list the new equipment. On the second line list the equipment that is being replaced.

Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufactor where applicable.	Number of units	Disposition	Estimated Current Value
		Total estimated value of equipme	nt being	replaced: Subproject 1	
		Total estimated value of equipme	nt being	replaced: Subproject 2	
Total estimated value of equipment being replaced: Subproject 3					
Total estimated value of equipment being replaced: Subproject 4					
		Total estimated value of equipme	nt being	replaced: Subproject 5	
Total estimated value of equipment being replaced: Subproject 6					
Total estimated value of equipment being replaced: Subproject 7					
		Total estimated value of equipme			
Total estimated value of equipment being replaced: Whole Project:				0	

#### Schedule 13 A. Assurances from Article 28 Applicants

Article 28 applicants seeking combined establishment and construction or construction-only approval must complete this schedule.

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to ensure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

Date

10		
Aleren	& Jacobs	
Signature:		

Shirley Johnson Name (Please Type) St, Chief Chancel after for The Title (Please type)

DOH 155-D (06/2020) Schedule 13A

s'ca

### Schedule 16 A. Hospital Program Information

See "Schedules Required for Each Type of CON" to determine when this form is required.

**Instructions:** Briefly indicate how the facility intends to comply with state and federal regulations specific to the services requested, such as cardiac surgery, bone marrow transplants. For clinic services, please include the hours of service for each day of operation, name of the hospital providing back-up services (indicating the travel time and distance from the clinic) and how the facility intends to provide quality oversight including credentialing, utilization and quality assurance monitoring.

The proposed project will be designed and operated in compliance with Federal and State regulations, including 10 New York Codes, Rules and Regulations (10 NYCRR).

All administrative aspects of the services included in this project will be directed by an individual who is qualified for such duties by education and experience. The Quality Assurance (QA) Program for the services provided within the proposed Project will be under the medical leadership of the Chief Medical Officer (CMO) at well Park Comprehensive Cancer Center (Roswell Park). The QA Program will be consistent with, and an integral part of, the existing QA Program of the Hospital.

To ensure that all care is appropriate to an individual's needs, Roswell Park will continue to use a comprehensive utilization review and monitoring program for the services included in this project. The appropriate utilization of these services will be monitored through the QA Program, under the supervision of the CMO.

For the services included in this project, the Hospital will utilize the same credentialing processes that are currently in place for its programs. Only those physicians who are qualified by virtue of their training and experience will be considered for staff privileges, and only those who demonstrate a high level of competence will be appointed to the staff. A similar process will be followed for nursing, technical and support staff who seek employment. The overall staffing pattern of the proposed services will be based upon demand.

In accordance with current policy at Roswell Park, the ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused treatment due to inability to pay. The Hospital currently has a sliding fee scale for its patients. All services will be offered to those in need of care who satisfy admission requirements, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic.

<u>Please also refer to the Project Narrative (under the Schedule 16 Attachment) for additional information</u>.

For Hospital-Based - Ambulatory Surgery Projects: Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category		

For Hospital-Based -Ambulatory Surgery Projects: Please provide the following information: Not Applicable

Not Applicable

Number and Type of Operating Rooms:

- Current:
- To be added:
- Total ORs upon Completion of the Project:

Number and Type of Procedure Rooms:

- Current:
- To be added:
- Total Procedure Rooms upon Completion of the Project:

### Schedule 16 B. Community Need

See "Schedules Required for Each Type of CON" to determine when this form is required.

#### Public Need Summary:

Briefly summarize on this schedule why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

The primary service area (PSA) of the extension clinic includes the towns of Amherst, Clarence and Newstead, including the ZIP Codes 14221 (where the clinic is currently, and will continue to be, located), 14001, 14031, 14032, 14051, 14068, 14221, 14226, 14228 and 14261. These towns comprise an area north of the City of Buffalo known as the Northtowns. It should be noted that the applicant expects that the relocated extension clinic will receive patients from throughout Erie County, as well as the eight (8) counties comprising the Western New York Region, including Erie, Niagara, Orleans, Genesee, Wyoming, Chautauqua, Cattaraugus, and Allegany Counties.

2. Provide a quantitative and qualitative description of the population to be served. Data may include median income, ethnicity, payor mix, etc.

According to the U.S. Census, the population of the Northtowns was 167,255 in 2018. Nearly one-fifth (19.7%) of the population was over age 65 in 2018. ZIP Code 14221, where the extension clinic is and will be located, is the most populated ZIP Code in the PSA with 54,081 residents. According to the Cornell Program on Applied Demographics, the 65 and older population in Erie County is projected to grow from comprising 16.8% of the population in 2015 to 18.9% of the County population in 2020 and 21.2% in 2025, an important consideration in the need for this project given that elderly patients are heavy users of the services and programs to be provided at the extension clinic, including radiological imaging procedures. Overall, 84.2% of Northtowns residents are White, 5.3% are Black, 7.1% are Asian, 1.2% are some other single race, and 2.2% are two (2) or more races. In addition, 3.3% of residents are Hispanic or Latino (of any race). Eleven percent (11.0%) of residents are living below the Federal Poverty Level (FPL) and the median household income is \$78,151.

3. Document the current and projected demand for the proposed service in the population you plan to serve. If the proposed service is covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

In addition to continuing to provide primary care and chemotherapy services, Roswell is proposing to add the following imaging modalities at the relocated extension clinic: CT Scanner, PET/CT, ultrasound, interventional radiology and X-ray. Imaging services at the Hospital's main site are currently operating at capacity and there is no additional room available to expand services.

Roswell currently provides imaging services at its main site in downtown Buffalo. In 2019, the main site provided 98,991 total imaging procedures, including 44,534 CT scans; 10,749 MRI scans; 20,236 mammograms; 7,703 ultrasounds; 6,176 interventional radiology procedures; 4,690 PET scans; 3,359 gamma camera scans; and 1,544 DEXA (X-ray) scans. (All of these services with the exception of mammography will be provided at the relocated extension clinic.) Of note, the 44,534 CT scans performed by the Hospital's four (4) existing CT Scanners far exceeds the minimum of 2,000 scans per year as required by 10 NYCRR Section 708.5(e)(10). In fact, the CT volume in 2019 is sufficient to justify more than 22 CT Scanners at the main site. Provision of a CT Scanner service at the relocated extension clinic will enable Roswell to reduce the burden on the existing CT Scanners at the main site. As shown in the projected operating budget, the applicant expects that the extension clinic will perform 2,184 CT scans in the first year of operation at the new location and 4,580 CT scans in the third year.

Based on 2019 data, patients who reside in the Northtowns accounted for 11,158 total imaging procedures at Roswell's main site, or 11.3% of all procedures. This included 4,562 CT scans; 1,449 MRIs; 2,460 mammograms; 920 ultrasounds; 661 interventional radiology procedures; 501 PET scans; 399 gamma camera scans; and 206 DEXA (X-ray) scans. Please note that the number of CT scans for Northtowns residents is sufficient to justify two (2) CT Scanners. (ZIP Code 14221 alone, within which the extension clinic will relocate, accounted for more than 2,500 total imaging procedures at the main site in 2019.)

Provision of imaging services at the relocated extension clinic will obviate the need for patients residing in the Northtowns to travel to the Hospital's main site in downtown Buffalo for their imaging procedures. This will in turn open up capacity at the Hospital's main site to serve additional patients. In addition, the imaging services provided at the relocated extension clinic will only be for cancer patients.

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

The proposed relocation of the extension clinic will preserve existing services, as well as improve access to imaging services for cancer patients in Erie County, and particularly for those who reside in the Northtowns. Imaging services at the main Hospital site are currently operating at capacity and there is no additional room available to expand services. Provision of imaging services at the relocated extension clinic will obviate the need for patients residing in the Northtowns to travel to the main hospital site in downtown Buffalo (15 miles away from the proposed new location of the extension clinic) for their imaging procedures. In addition, by offloading imaging procedure volume to the relocated extension clinic, this project will in turn free up capacity at the Hospital's main site to serve additional patients. In addition, the imaging services provided at the extension clinic will only be for cancer patients.

### Prevalence of cancer incidents in the United States and New York State

The American Cancer Society estimated that in 2020, 2,806,590 new cases of cancer would be diagnosed in the United States and 606,520 people would die from the disease. The rate of new cases of cancer (cancer incidence) nationwide is 442.4 per 100,000 men and women per year (based on 2013-2017 cases). The cancer death rate (cancer mortality) is 158.3 per 100,000

men and women per year (based on 2013-2017 deaths). In New York State, the cancer incidence rate of 482.9 per 100,000 (based on 2012-2016 cases) is significantly higher than the national rate, while the New York State cancer mortality rate of 148.8 per 100,000 is lower than the national rate. In all eight (8) counties of the Western New York Region (including Erie, Niagara, Orleans, Genesee, Wyoming, Chautauqua, Cattaraugus, and Allegany Counties), both cancer incidence and cancer mortality rates are higher than those for New York State or for the United States.

In the United States as well as New York State, the overall cancer death rate has declined since the early 1990s. Although death rates for many individual cancer types have declined, rates for a few cancers have not changed or even increased. As the overall cancer death rate has declined, the number of cancer survivors has increased. These trends show that progress is being made against the disease, but much work remains. Although rates of smoking, a major cause of cancer, have declined, the rates of other risk factors, such as obesity, have increased. Also, the U.S. population and the population of New York is aging, and cancer rates increase with age.

#### History of Roswell Park Comprehensive Cancer Center

Roswell Park Comprehensive Cancer Center (Roswell Park) has served its community for more than 120 years with care characterized by its compassion, innovation and effectiveness. Founded in 1898 and operating from a 29-acre campus on the Buffalo Niagara Medical Campus (BNMC) near downtown Buffalo, New York, Roswell Park today remains the only comprehensive cancer center designated by the National Cancer Institute (NCI) in Upstate New York (out of 51 total across the country), and one (1) of only four (4) NCI-designated comprehensive cancer centers in all of New York State. In the past year, Roswell Park teams cared for more than 44,000 patients. Roswell Park helps set international standards in cancer care through its role as a founding member of the National Comprehensive Cancer Network, and consistently earns patient-satisfaction scores that are among the highest in the country.

When the State of New York (NYS) elected to recognize and partially fund both the research and clinical operations at Roswell Park in 1904, the investment marked the first example of government support for cancer research anywhere in the world. Roswell Park has continued to grow in productivity and prominence since then and reached a major milestone in the early 1970s when it was included among the first group of comprehensive cancer centers designated by the NCI. Another major milestone was achieved in 1998, when NYS created Roswell Park Cancer Institute Corporation, a public benefit corporation (PBC) established under the Public Authorities Law to operate the Center on behalf of NYS. As a PBC, Roswell Park gained operational flexibilities and advantages that have fostered growth and sustainability. Today, Roswell Park remains a component unit of NYS, operated as a PBC.

The care and resources that Roswell Park provides to patients with rare and hard-to-treat cancers are especially important, as these resources often are available only at a comprehensive cancer center. An example is Roswell Park's care for patients through its distinguished Liver & Pancreas Tumor Center. The National Pancreas Foundation (NPF) has designated Roswell Park as an NPF Center for pancreatic cancer — one of only 42 such centers nationwide and the only one in Western New York. NPF Centers are a network of

premier healthcare facilities recognized for their focus on multidisciplinary treatment of pancreas disease and for their commitment to treating "the whole patient," with a focus on the best possible outcomes and an improved quality of life.

In addition, Roswell Park is the only facility approved to provide cellular therapies such as the "living drug" treatment known as CAR T-cell therapy — an important new approach to treatment for both solid tumors and blood-related cancers — in the Buffalo area. Roswell Park is the first and only site in Western New York to be able to offer its patients not only the FDA-approved CAR T therapies Kymriah, Yescarta and Tecartus, but also many investigational cellular therapies as well, providing more than 140 infusions of various adoptive-cell therapies through its Transplant & Cellular Therapy Center over the last three (3) years. These treatments represent a groundbreaking advance in cancer treatment, but also require intensive care and monitoring for patients, necessitating both longer and more frequent inpatient hospital stays.

## Clinical Benefits of NCI-Designated Cancer Centers

The NCI Cancer Centers Program was created as part of the National Cancer Act of 1971 and is one of the anchors of the nation's cancer research effort. Through this program, NCI recognizes centers around the country that meet rigorous standards for transdisciplinary, state-of-the-art research focused on developing new and better approaches to preventing, diagnosing and treating cancer.

The NCI-Designated Cancer Centers are recognized for their scientific leadership in laboratory and clinical research, in addition to serving their communities and the broader public by integrating training and education for biomedical researchers and healthcare professionals.

One of the ways that NCI-Designated Cancer Centers distinguish themselves is by dedicating significant resources toward developing research programs, faculty, and facilities that will lead to better and innovative approaches to cancer prevention, diagnosis, and treatment. The NCI supports the research infrastructure for cancer centers to advance scientific goals and foster cancer programs that draw together investigators from different disciplines.

The cancer centers develop and translate scientific knowledge from promising laboratory discoveries into new treatments for cancer patients. The centers serve their local communities with programs and services tailored to their unique needs and populations. As a result, these centers disseminate evidence-based findings to their own communities, and these programs and services can be translated to benefit similar populations around the country.

Each year, approximately 250,000 patients receive their cancer diagnoses at an NCI-Designated Cancer Center. An even larger number of patients are treated for cancer at these centers each year, and thousands of patients are enrolled in cancer clinical trials at NCI-Designated Cancer Centers. Many of the centers also provide public education and outreach programs on cancer prevention and screening, with special attention to the needs of underserved populations.

The rapid pace of discovery and the improved cancer treatments that the NCI-Designated Cancer Centers have helped pioneer over decades have increased the number of cancer survivors in the United States and improved the quality of patients' lives immeasurably.

(b) Will the proposed project serve all patients needing care regardless of their ability to pay or the source of payment? If so, please provide such a statement.

In accordance with current policy at Roswell Park, the ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused treatment due to inability to pay. The Hospital currently has a sliding fee scale for its patients. All services will be offered to those in need of care who satisfy admission requirements, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic.

5. Describe where and how the population to be served currently receives the proposed services.

Currently, patients in need of chemotherapy receive the service at the existing extension clinic location.

Roswell Park cancer patients who reside in the Northtowns are given the choice of traveling to Roswell Park's main hospital facility in downtown Buffalo to receive imaging services or to go to a private practice community site in the Northtowns. More and more patients do not want to travel downtown and are choosing to receive radiology services at these non-Article 28 providers that are located close by. In addition, while all inpatients at Roswell Park's main site receive their imaging services on campus, the majority of referrals from the Hospital's captive physician practice go to outside providers. In 2019, the Roswell Park PC made referrals resulting in 15,978 imaging procedures to other non-Article 28 providers, nearly half of which (48.2%) were to providers in the Northtowns. Certification of imaging services at the relocated extension clinic will bring many of these procedures back into an Article 28 setting. Beyond bringing the procedures into the same entity that is providing the oncology care.

Furthermore, as noted above in the response to Question 4, imaging services at the main Hospital site are currently operating at capacity and there is no additional room available to expand services. By offloading imaging procedure volume to the relocated extension clinic, this project will in turn free up capacity at the Hospital's main site to serve additional patients.

6. Describe how the proposed services will be address specific health problems prevalent in the service area, including any special experience, programs or methods that will be implemented to address these health issues.

Please refer to the response to Question No. 4. The imaging services provided at the relocated extension clinic will only be for cancer patients. Founded in 1898 as the nation's first cancer center, Roswell Park set the standard for today's multidisciplinary approach to cancer care. The Hospital has been named a 2019-20 Best Hospital for cancer treatment by U.S. News & World Report and has also been recognized as high-performing for colon and lung cancer surgery. In addition, Roswell Park is the only dedicated cancer treatment hospital in Erie County.

#### ONLY for Hospital Applicants submitting Full Review CONs

 (a) Explain how the proposed project advances local Prevention Agenda priorities identified by the community in the most recently completed Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). *Do not submit the CSP*. Please be specific in which priority(ies) is/are being addressed.

N/A – Administrative Review CON

(b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.

N/A – Administrative Review CON

8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.

N/A – Administrative Review CON

9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?

N/A – Administrative Review CON

10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?

N/A – Administrative Review CON

11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

N/A – Administrative Review CON

#### ONLY for Hospital Applicants submitting Full Review CONs

#### Public Hospitals

12. Briefly summarize how you are advancing local public health priorities identified by your local health department and other community partners.

N/A – Administrative Review CON

13. Briefly describe what interventions you are implementing to support local public health priorities.

N/A – Administrative Review CON

14. Have you engaged local community partners, including the local health department, in your efforts to address local public health priorities?

N/A – Administrative Review CON

15. What data are you using to track progress in addressing local public health priorities?

N/A – Administrative Review CON

### New York State Department of Health Certificate of Need Application

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Services Tables of Schedule 16C. The Authorized Beds and Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

#### C. Impact of CON Application on Hospital Operating Certificate

**Note:** If the application involves an extension clinic, indicate which services should be added or removed from the certificate of the extension clinic alone, rather than for the hospital system as a whole. If multiple sites are involved, complete a separate 16C for each site.

#### TABLE 16C-1 AUTHORIZED BEDS

N/A

LOCATION:					
(Enter street address of facility)					
		Current			Proposed
Category	<u>Code</u>	Capacity	Add	Remove	Capacity

Category	Code	Capacity	Add	Remove	Capacity
AIDS	30				
BONE MARROW TRANSPLANT	21				
BURNS CARE	09				
CHEMICAL DEPENDENCE-DETOX *	12				
CHEMICAL DEPENDENCE-REHAB *	13				
COMA RECOVERY	26				
CORONARY CARE	03				
INTENSIVE CARE	02				
MATERNITY	05				
MEDICAL/SURGICAL	01				
NEONATAL CONTINUING CARE	27				
NEONATAL INTENSIVE CARE	28				
NEONATAL INTERMEDIATE CARE	29				
PEDIATRIC	04				
PEDIATRIC ICU	10				
PHYSICAL MEDICINE & REHABILITATION	07				
PRISONER					
PSYCHIATRIC**	08				
RESPIRATORY					
SPECIAL USE					
SWING BED PROGRAM					
TRANSITIONAL CARE	33				
TRAUMATIC BRAIN INJURY	11				
	TOTAL				

\*CHEMICAL DEPENDENCE: Requires additional approval by the Office of Alcohol and Substance Abuse Services (OASAS) \*\*PSYCHIATRIC: Requires additional approval by the Office of Mental Health (OMH)

Does the applicant have previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

	 _		
Yes (Enter CON numbers to the right)			

| No

### Schedule 16C

### New York State Department of Health Certificate of Need Application

#### TABLE 16C-2 LICENSED SERVICES FOR HOSPITAL CAMPUSES

LOCATION:

(Enter street address of facility)

	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE 6				
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES				
AMBULATORY SURGERY				
MULTI-SPECIALTY				
SINGLE SPECIALTY – GASTROENTEROLOGY				
SINGLE SPECIALTY – OPHTHALMOLOGY				
SINGLE SPECIALTY – ORTHOPEDICS				
SINGLE SPECIALTY – PAIN MANAGEMENT				
SINGLE SPECIALTY – OTHER (SPECIFY)				
CARDIAC CATHETERIZATION				
ADULT DIAGNOSTIC				
ELECTROPHYSIOLOGY (EP)				
PEDIATRIC DIAGNOSTIC				
PEDIATRIC INTERVENTION ELECTIVE				
PERCUTANEOUS CORONARY INTERVENTION (PCI)				
CARDIAC SURGERY ADULT				
CARDIAC SURGERY PEDIATRIC				
CERTIFIED MENTAL HEALTH O/P <sup>-1</sup>				
CHEMICAL DEPENDENCE - REHAB <sup>2</sup>				
CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>				
CLINIC PART-TIME SERVICES				
COMPREHENSIVE PSYCH EMERGENCY PROGRAM				
DENTAL				
EMERGENCY DEPARTMENT				
EPILEPSY COMPREHENSIVE SERVICES				
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT <sup>4</sup>				
HOME HEMODIALYSIS TRAINING & SUPPORT <sup>4</sup>				
INTEGRATED SERVICES – MENTAL HEALTH				
INTEGRATED SERVICES – SUBSTANCE USE DISORDER				
LITHOTRIPSY				
METHADONE MAINTENANCE O/P <sup>2</sup>				
RADIOLOGY-THERAPEUTIC 5				
RENAL DIALYSIS, ACUTE				
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] <sup>2</sup>			<u> </u>	

<sup>1</sup> A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

<sup>2</sup>A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

<sup>4</sup> DIALYSIS SERVICES require additional approval by Medicare

<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators

<sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

### New York State Department of Health Certificate of Need Application

TABLE 16C-2 LICENSED SERVICES (cont.)	Current	<u>Add</u>	Remove	Proposed
TRANSPLANT				
HEART - ADULT				
HEART - PEDIATRIC				
KIDNEY				
LIVER				
TRAUMATIC BRAIN INJURY				

### **New York State Department of Health Certificate of Need Application**

#### **TABLE 16C-3 LICENSED SERVICES FOR**

#### HOSPITAL EXTENSION CLINICS and OFF-CAMPUS EMERGENCY DEPARTMENTS

### N/A

LOCATION:	MOE		IIC DES	GNATIO	N
(Enter street address of facility)		Current	A al al	Demovie	Dropood
		Current	Add	Remove	Proposed
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES					
AMBULATORY SURGERY					
SINGLE SPECIALTY GASTROENTEROLOGY					
SINGLE SPECIALTY – OPHTHALMOLOGY				$\square$	
SINGLE SPECIALTY – ORTHOPEDICS					
SINGLE SPECIALTY – PAIN MANAGEMENT					
SINGLE SPECIALTY – OTHER (SPECIFY)					
MULTI-SPECIALTY					
CERTIFIED MENTAL HEALTH O/P <sup>1</sup>					
CHEMICAL DEPENDENCE - REHAB <sup>2</sup>					
CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>					
DENTAL					
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT <sup>4</sup>					
HOME HEMODIALYSIS TRAINING & SUPPORT⁴					
INTEGRATED SERVICES – MENTAL HEALTH					
INTEGRATED SERVICES – SUBSTANCE USE DISORDER					
LITHOTRIPSY					
METHADONE MAINTENANCE O/P <sup>2</sup>					
RADIOLOGY-THERAPEUTIC⁵					
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below	]4				
TRAUMATIC BRAIN INJURY	-				
FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY <sup>7</sup>					
EMERGENCY DEPARTMENT					

<sup>1</sup> A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON. <sup>2</sup> A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

<sup>4</sup> DIALYSIS SERVICES require additional approval by Medicare

<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators

<sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

<sup>7</sup> OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

#### END STAGE RENAL DISEASE (ESRD)

<u>N/A</u>

TABLE 16C-3(a) CAPACITY	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

#### If application involves dialysis service with existing capacity, complete the following table:

TABLE 16C-3(b) TREATMENTS	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

#### All Chronic Dialysis applicants must provide the following information in compliance with 10 NYCRR 670.6.

- 1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.
- 2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons, and residents of remote rural areas.
- 3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.
- 4. Provide evidence that the facility is willing to and capable of safely serving patients.
- 5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

### New York State Department of Health Certificate of Need Application

#### Mobile Clinic Site Approval Request:

<u>N/A</u>

One form must be submitted for each proposed mobile clinic site. Please feel free to photocopy this form as necessary. You may use attach additional sheets as necessary

Facility Name					
Proposed Site Address					
CITY	COUNTY	ZIP			
Type of Facility at Site					
Name and Title of Representative at site:					
Type of Service					

Is mobile clinic in a self-contained vehicle or is equipment moved into the temporary site?

Schedule of operation

Justification for service at this site

List of current sites where these services will no longer be offered

## NOTICE:

IT IS A VIOLATION OF LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT OR PROFESSIONAL ENGINEER TO ALTER ANY ITEM ON THIS DOCUMENT IN ANY WAY. ANY LICENSEE WHO ALTERS THIS DOCUMENT IS REQUIRED BY LAW TO AFFIX HIS OR HER SEAL AND THE NOTATION 'ALTERED BY' FOLLOWED BY HIS OR HER SIGNATURE AND A SPECIFIC DESCRIPTION OF THE ALTERATIONS WHICH WERE MADE.

# **GENERAL NOTES**

\* THE ARCHITECT'S CERTIFICATION ON THIS PROJECT IS ONLY FOR THE CONSTRUCTION WORK SHOWN TO BE DONE. IT DOES NOT CONSTITUTE APPROVAL OF ANY PREEXISTING CONDITIONS OR REVIEW OF THOSE CONDITIONS FOR CODE COMPLIANCE.

\* REFER TO OUTLINE SPECIFICATIONS OR PROJECT MANUAL FOR SPECIFICATIONS AND ADDITIONAL INFORMATION.

- \* CONSTRUCTION SHALL CONFORM TO CURRENT EDITIONS OF THE:
- 2020 BUILDING CODE OF NEW YORK STATE
- 2020 EXISTING BUILDING CODE OF NEW YORK STATE 2020 ENERGY CONSERVATION CONSTRUCTION CODE OF NEW YORK
- NATIONAL ELECTRICAL CODE 2017 (NEC)
- 2020 PLUMBING CODE OF NEW YORK STATE • 2020 MECHANICAL CODE OF NEW YORK STATE
- 2020 FUEL GAS CODE OF NEW YORK STATE
- 2020 FIRE CODE OF NEW YORK STATE NFPA 101 LIFE SAFETY CODE 2015
- NFPA 99 STANDARD FOR HEALTHCARE FACILITIES 2015
- NEW YORK STATE HEALTH CODE (10NYCRR) • GUIDLINES FOR DESIGN AND CONSTRUCTION OF HOSPITAL AND HEALTHCARE FACILITIES 2018 EDITION (NYS DOH) AND 2001 EDITION (JCAHO)
- AMERICANS WITH DISABILITIES ACT (ADA) • ADA ACCESSIBILITY GUIDELINES (ADAAG, 2004)
- STANDARDS FOR ACCESSIBLE DESIGN (28 CFR PART 35 & 36, 1994)
- AMERICAN NATIONAL STANDARD FOR ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES (ICC/ANSI A117.1-2009) ARCHITECTURAL BARRIERS ACT • AS WELL AS ALL OTHER CURRENT LOCAL, STATE AND FEDERAL CODES AND REGULATIONS APPLICABLE TO THIS
- PROJECT \* COMPLY WITH ALL OTHER CURRENT AND IN-FORCE LOCAL, STATE AND FEDERAL CODES AND REGULATIONS APPLICABLE TO THIS PROJECT.
- \* GENERAL CONTRACTOR IS RESPONSIBLE FOR ALL MATERIALS, CONSTRUCTION METHODS AND CRAFTSMANSHIP.

# 199-203 PARK CLUB LANE CAMPUS EXPANSION



300 State Street, Suite 201 Rochester, NY 14614 585-454-6110 labellapc.com

\* GENERAL CONTRACTOR TO VERIFY ALL REQUIREMENTS, NOTES AND DIMENSIONS PRIOR TO THE START OF CONSTRUCTION. REPORT ALL DISCREPANCIES TO THE ARCHITECT IMMEDIATELY.

\* GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR ALL CHANGES TO THESE DOCUMENTS. SITE VISITS MIGHT NOT BE MADE BY THIS ARCHITECT TO VERIFY CONFORMANCE.

\* DUE TO REPRODUCTION QUALITY AND REVISIONS MADE DURING THE DEVELOPMENT OF THESE PLANS THEY MAY NOT REFLECT THE DIMENSIONS NOTED. DO NOT SCALE THE DRAWINGS.

\* THE QUALITY OF CONSTRUCTION IS TO MATCH SURROUNDING AREAS UNLESS OTHERWISE SPECIFIED OR NOTED.

\* ALL MATERIALS ARE TO MATCH EXISTING UNLESS NOTED OTHERWISE. WHEN IN QUESTION, THE CONTRACTOR SHALL CONSULT THE OWNER TO DETERMINE WHAT THE BUILDING'S "STANDARD" IS.

\* IN THE EVENT OF A MATERIAL CONFLICT SPECIFICATIONS SHALL TAKE PRECEDENT OVER DRAWINGS. IN EVENT OF A DIMENSIONAL CONFLICT DRAWINGS TAKE PRECEDENT OVER SPECIFICATIONS.

\* GENERAL CONTRACTOR SHALL SET ALL GRADES.

\* CALL BEFORE YOU DIG. 1-800-962-7962

\* TO THE BEST OF MY KNOWLEDGE, BELIEF AND PROFESSIONAL JUDGEMENT, THESE PLANS ARE IN CONFORMANCE WITH THE 2020 ENERGY CONSERVATION CONSTRUCTION CODE OF NEW YORK STATE.

\* NO PART OF THESE DOCUMENTS MAY BE REPRODUCED WITHOUT WRITTEN PERMISSION FROM LABELLA ASSOCIATES D.P.C.

\* THE DRAWINGS AND SPECIFICATIONS PREPARED BY THE ARCHITECT FOR THIS PROJECT ARE INSTRUMENTS OF THE ARCHITECT'S SERVICE FOR USE SOLELY WITH RESPECT TO THIS PROJECT AND, UNLESS OTHERWISE PROVIDED, LABELLA ASSOCIATES D.P.C. SHALI BE DEEMED THE AUTHOR OF THESE DOCUMENTS AND SHALL RETAIN ALL COMMON LAW, STATUTORY AND OTHER RESERVED RIGHTS DPYRIGHT. THE OWNER SHALL BE PERMITTED TO RETAIN COPIES OF THE DOCUMENTS FOR INFORMATION AND REFERENCE IN CONNECTION WITH THE OWNER'S USE AND OCCUPANCY OF THE PROJECT. THE ARCHITECT'S DOCUMENTS SHALL NOT BE USED BY THE OWNER OR OTHERS FOR ANOTHER PROJECT OR FOR ADDITIONS TO THIS PROJECT EXCEPT AS AGREED TO IN WRITING BY THE ARCHITECT AND WITH APPROPRIATE COMPENSATION TO THIS ARCHITECT.

\* THE FOLLOWING IS AN EXCERPT FROM THE NEW YORK EDUCATION LAW ARTICLE 145 SECTION 7209 AND APPLIES TO THESE DRAWINGS: "IT IS A VIOLATION OF THIS LAW FOR ANY PERSON UNLESS HE IS ACTING UNDER THE DIRECT SUPERVISION OF A LICENSED ARCHITECT TO ALTER AN ITEM IN ANY WAY". IF AN ITEM BEARING THE SEAL OF AN ARCHITECT IS ALTERED, THE ALTERING ARCHITECT SHALL AFFIX HIS SEAL AND NOTATION "ALTERED BY" FOLLOWED BY HIS SIGNATURE AND DATE OF SUCH ALTERATION AND SPECIFIC DESCRIPTION OF THE ALTERATION.

DSG-01 - SD SUBMISSION



# **DRAWING INDEX:**

G000 - COVER SHEET

LSC100 - BUILDING CODE DATA INFORMATION & DIAGRAMS LSC101 - OVERALL FIRST FLOOR LIFE SAFETY PLAN LSC101A - PARTIAL FIRST FLOOR LIFE SAFETY PLANS LSC102 - OVERALL SECOND FLOOR LIFE SAFETY PLAN LSC102A - PARTIAL SECOND FLOOR LIFE SAFETY PLAN LSC102B - PARTIAL SECOND FLOOR LIFE SAFETY PLAN

SP100 - SITE PLAN

A001 - NOTES, SYMBOLS & ABBREVIATIONS A101 - OVERALL FIRST FLOOR PLAN & ENLARGED PLANS A102 - OVERALL SECOND FLOOR PLAN

A102A - ENLARGED SECOND FLOOR PLANS A103 - PENTHOUSE PLAN

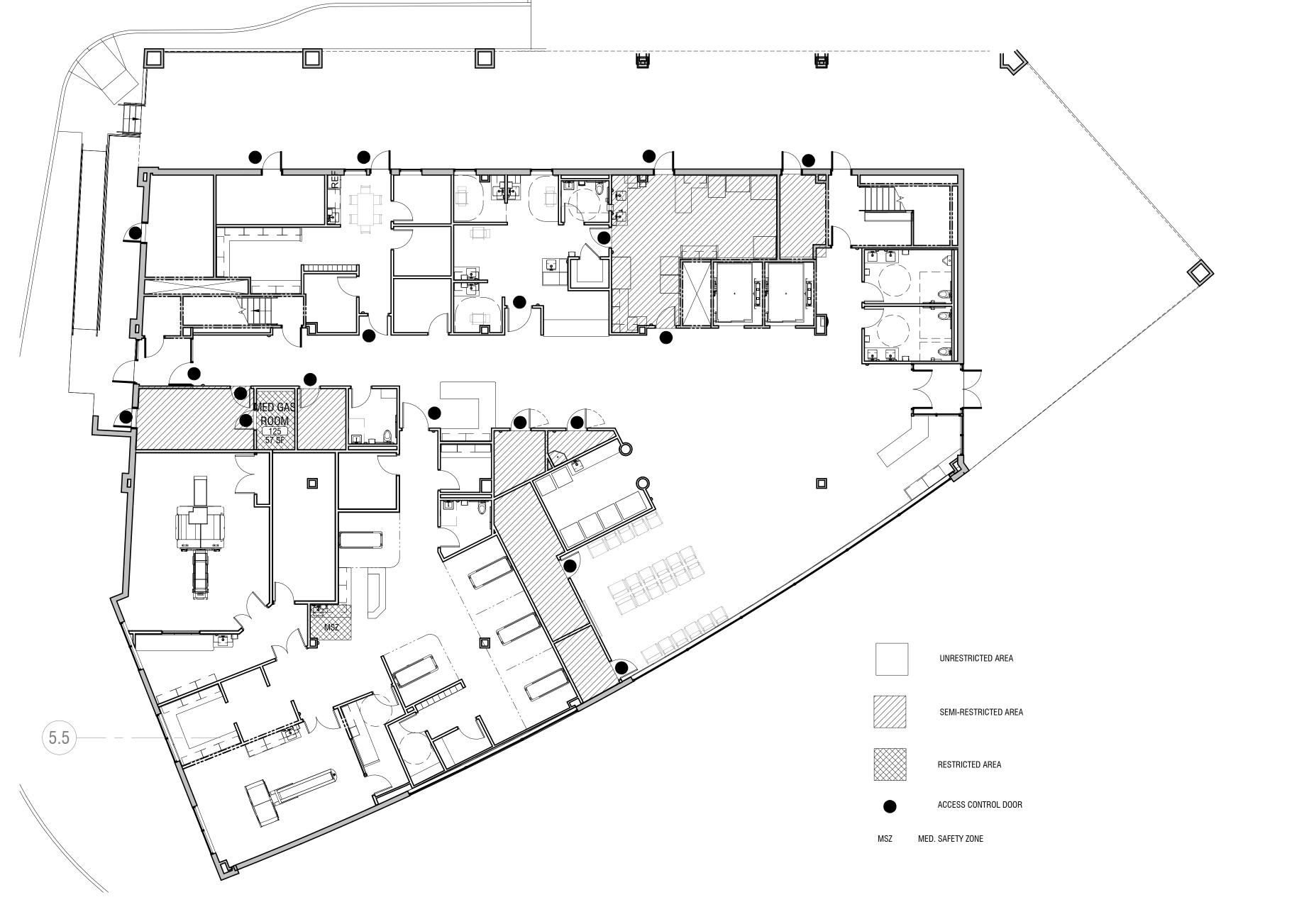
A104 - OVERALL FIRST FLOOR REFLECTED CEILING PLAN A105 - OVERALL SECOND FLOOR REFLECTED CEILING PLAN



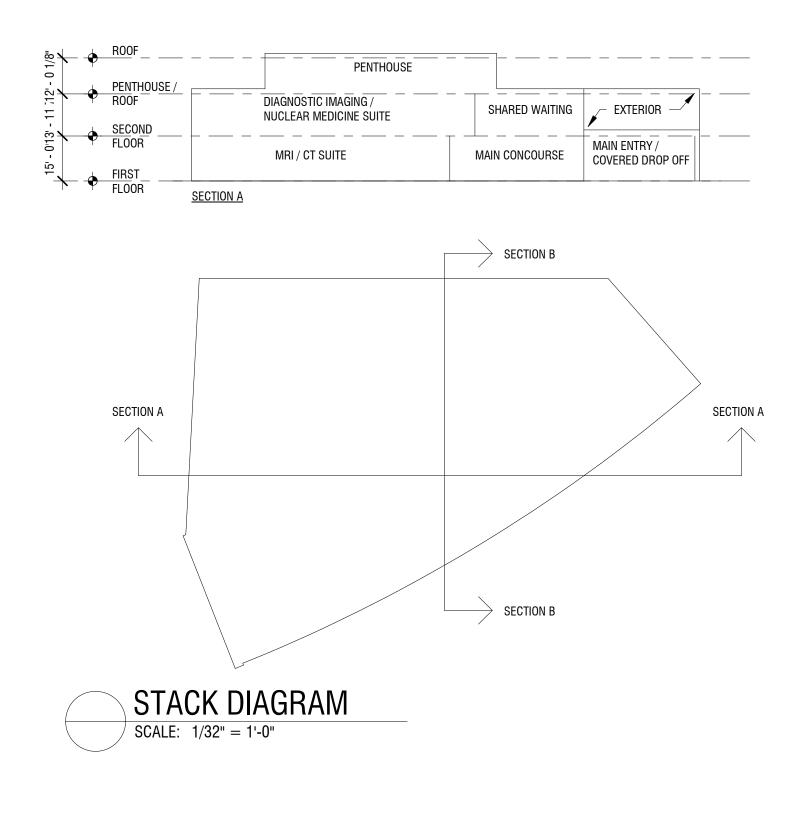


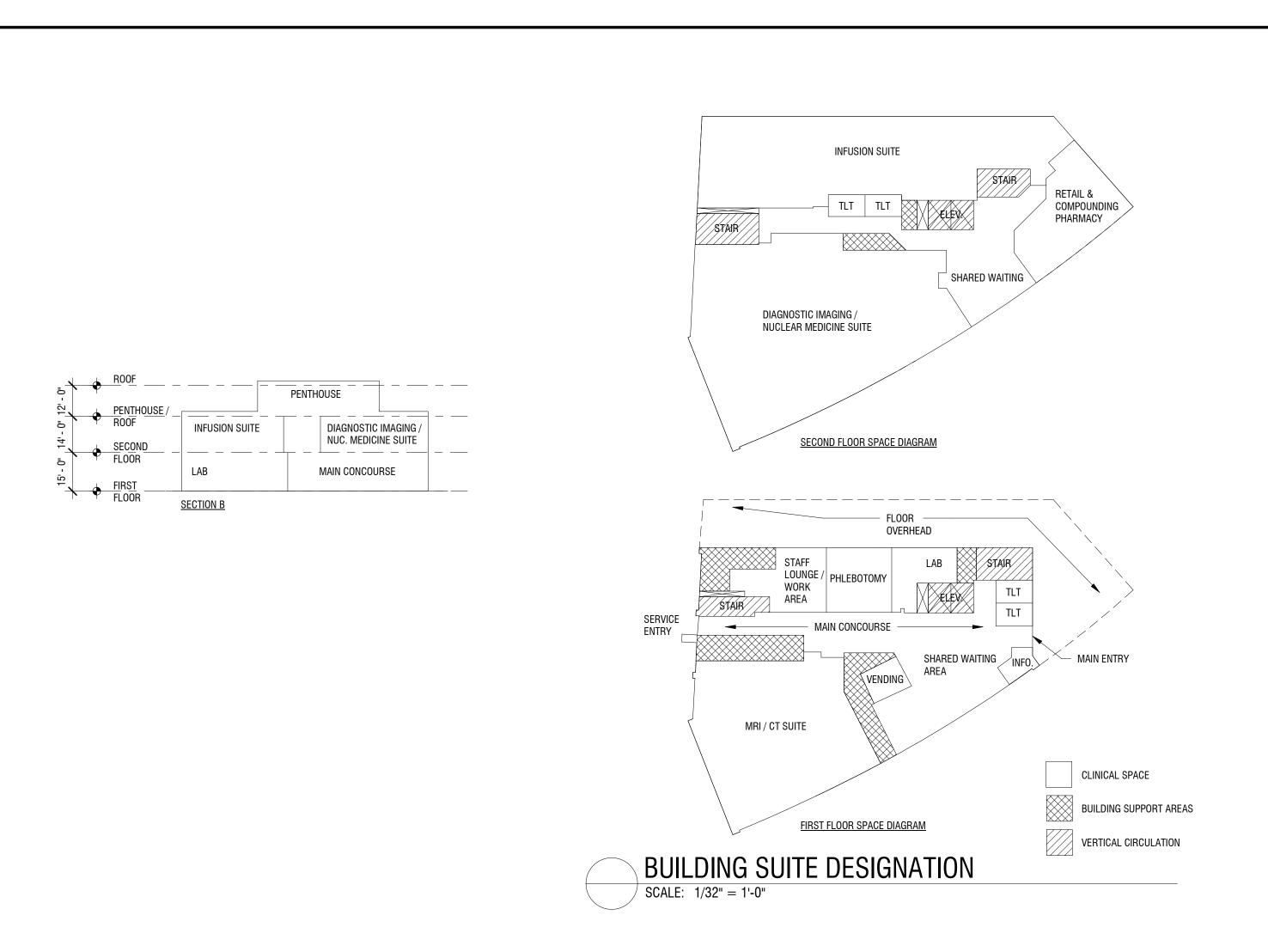


CODE REVIEW IN 2020 BUILDING CODE OF NEW YORK STATE &						01 LIFE SAFETY	CODE 2015			N/C
	BUILDING	DATA				FIRE	RESISTANCE R	ATINGS	IIB NFPA TA	iys Abl
		NYS REQ'D	NFPA REQ'D	PROVIDED	B	BUILDING ELEMENT	TABLE	NYS REQ'I	D NFPA REQ'D	)
USE DESCRIPTION		MED OFC.	MED OFC.	$\geq$		PRIMARY STRUCTUR	RAL FRAME	0 HR	$\geq$	
SPECIAL REQUIRMENTS	NYS CH. 4		$\geq$			XTERIOR BEARING		0 HR	$\geq$	
OCCUPANCY	NYS CH. 3 NFPA 6.1.1	B - BUSINESS	B - BUSINESS	$\geq$		Supporting More Columns , or othe			0 HR	
	8, NFPA 6.1.14		N/A	N/A		SUPPORTING ONE FL	LOOR ONLY		0 HR	
CLASSIFICATION OF WORK EBC NYS C	H.5, NFPA 4.6.7 NYS CH. 6		NEW	$\geq$	<u> </u>	SUPPORTING A ROOM			0 HR	
	ABLE A.8.2.1.2		TYPE II(000)	IIB		NTERIOR BEARING V SUPPORTING MORE		0 HR	$\geq$	_
NO. OF STORIES BUILDING HEIGHT	S TABLE 504.4	4 (ALLOWED)	$\left \right\rangle$	2		COLUMNS , OR OTHE			0 HR	
	NYS CH. 9		$\langle \rangle$		_	SUPPORTING ONE FL	LOOR ONLY		0 HR	
AUTOMATIC SPRINKLER SYSTEM	NFPA 9.7.1			YES		SUPPORTING A ROOM	F ONLY		0 HR	
ALLOWABLE BUILDING AREA (At) NY			$\langle \rangle$	>					$\geq$	-
INCREASE FOR FRONTAGE (If) TOTAL ALLOWABLE BUILDING AREA	NYS CH. 5	, ,			$\geq$	SUPPORTING MORE COLUMNS , OR OTHE			0 HR	
TOTAL ALLOWABLE BUILDING AREA	NYS CH. 5		>	29,993 SF		SUPPORTING ONE FL			0 HR	
PROJECT AREA		$\triangleleft$	$\triangleleft$	25,668 SF	$\dashv$	SUPPORTING A ROOM		_	0 HR	_
	TABLE 1004.5	25,668 /150	25,668 /150		B	BEAMS, GIRDERS, TF SUPPORTING MORE	RUSSES, AND ARCHE	S	$\geq$	_
NUMBER OF OCCUPANTS NFPA	TABLE 7.3.1.2	_ 171	= 171	COMPLIES		COLUMNS , OR OTHE			0 HR	
MIN. EXIT WIDTH PER OCCUPANT	2. & 1005.3.1 & .2 TABLE 7.3.3.1	.2 STAIRS .15 OTHER	.3 STAIRS .2 OTHER	COMPLIES		SUPPORTING ONE FL			0 HR	
	6 1005.3.1 & .2	STAIRS = 34.2	STAIRS = 34.2			SUPPORTING A ROOM			0 HR	
	NFPA 7.3.4.1 ABLE 1006.3.2	1	$5_0$ OTHER = 25.6	0		LOOR-CEILING ASSI			0 HR	
WIN. NUMBER OF EXITS	NFPA 7.4.1	2	2	COMPLIES		100F-CEILING ASSE		0 HR	0 HR 0 HR	
ONE EXIT RULES NYS TABLES 1006.2.	1 &1006.3.3(2) NFPA 38.2.4		100'	SEE CODE PLA	\NI	EXTERIOR BEARING		0 HR	0 HR	
MIN. DOOR WIDTH	NYS 1010.1.1	20"	32"	COMPLIES		NTERIOR NON-BEAR		0 HR	0 HR	
	PA 7.2.1.2.3.2			OUMFLIL3		EXTERIOR NON-BEAR		0 HR	0 HR	
MIN. STAIRWAY WIDTH NI	PA 7.2.2.2.1.2	44"	44"	N/A		LOOR CONSTRUCT		0 HR	0 HR	
MIN. CORRIDOR WIDTH	05.1 & 1020.2 NFPA 7.3.4.1		44"	COMPLIES		ASSOCIATED SECON		01111	01111	
	TABLE 1017.2	200	300'	COMPLIES		ROOF CONSTRUCTIO		0 HR	0 HR	
INIT	PA TABLE A.7.6 ABLE 1006.2.1					IRE WALLS	NYS TABLE 706.4	NR		+
	PA TABLE A.7.6	100.	100'	COMPLIES		IRE BARRIERS	NYS TABLE 707.3.10		YES	-
MAX. DEAD END CORRIDOR	NYS 1020.4 A TABLE A.7.6		50'	COMPLIES		IRE PARTITIONS	NYS 708		NR	
CONCEALED SPACE	NYS 718	Ν/Δ	N/A	N/A		/ERTICAL EXIT ENCL	OSUBE NYS 1023	1 HR	1 HR	
DRAFTSTOPPING SMOKE COMPARTMENT NYS 407.5 /	NFPA 8.6.11 NFPA 18.3.7.1		N/A	N/A	_		USURE NFPA 7.1.3.2 NYS 1024		1 HR	
	TABLE 803.13	14/73	14/74	11/7		XIT PASSAGEWAY	NFPA 7.1.3.2 NYS 1026			
INTERIOR EXIT STAIRWAYS AND RAM			A OR B / I OR II	COMPLIES	S	SEPARATION	NFPA 7.2.4	1 HK	1 HR	
EXIT PASSAGEWAYS CORRIDORS AND ENCLOSURE FOR E	XIT ACCESS		,			NCIDENTAL USE AREAS	NYS 509 NFPA 38.3.2.1	1 HR	1 HR	
STAIRWAYS AND RAMPS			A OR B / I OR II	COMPLIES		OCCUPANCY	NYS 508	-	1 HR	+
ROOMS AND ENCLOSED SPACES			A, B, C / I OR II	COMPLIES		SEPARATION	NFPA TABLE 6.1.14.4.1 NYS 713.4			+
FIRE EXTINGUISHER NYS T SPACING	ABLE 906.3(1) NFPA 9.9		75' & 3000 SF/ UNIT A (MIN. 2A)	COMPLIES		SHAFT ENCLOSURE	NFPA TABLE 8.3.4.2	IUU	1 HR	
STANDPIPE SYSTEM	NYS 905.3.1	ND	NR	NR		ORRIDOR WALLS	NYS TABLE 1020.1 NFPA 38.3.6.1	U HK	0 HR	
	NFPA 9.10 NYS 907.2				— s	MOKE BARRIERS	NYS 709.3 NFPA 38.3.7		N/A	
SMOKE AND FIRE DETECTION	NFPA 9.6	YES	YES	COMPLIES	F	TRE PROOFING ASSE				$\dagger$
FIRE ALARM SYSTEM	NYS 907.2 NFPA 9.6		YES	COMPLIES		BEAMS COLUMNS		0 HR	0 HR	
VERTICAL ACCESS REQUIRED	NYS 1104.4		$\geq$	COMPLIES		LOOR SYS.			U FIÑ	
ACCESSIBLE ENTRANCE	NYS 1105.1	YES	$\searrow$	COMPLIES	F	ROOF SYS.				
PASSENGER LOADING ZONES	NYS 1106.7	120	$\geq$	COMPLIES						
ABBREVIATIONS:		STRUCTURAL			NTRACTOR TO	'				
N/A NOT APPLICABLE / NOT PART OF THI NC NON-COMBUSTIBLE C COMBUSTIBLE NR NOT REQUIRED B BARRIER TO LIMIT TRANSFER OF SM		SPECIFICATION STRUCTURAL I NOT LIMITED T	CIFIC DRAWING AND I SECTIONS FOR ADD DESIGN CRITERIA INC O, LIVE LOAD, DEAD DS APPLICABLE TO TH	ITIONAL AND CLUDING BUT FIRE LOAD, AND ASS	Intain / Pat( d all areas eproofing c semblies wi ope of work	OF DR UL THIN				



1 FIRST FLOOR - ACCESS RESTRUCTION DIAGRAM







2 SECOND FLOOR - ACCESS RESTRICTION DIAGRAM LSC-100 SCALE: 3/32" = 1'-0"





DRAWING NUMBER:

# DIAGRAMS

**BUILDING CODE DATA INFORMATION &** 

NO:	DATE:	DESCRIPTION:				
Revisions						
PROJECT NUMBER: 2200261						
DRAWN B	Y:	SP, JH				
REVIEWEI	) BY:	JR				
ISSUED FOR: DSG-01 - SD SUBMISSION						
DATE: 03/05/21						
DRAWING	NAME:					

199-203 PARK CLUB LANE CAMPUS EXPANSION 199-203 Park Club Lane Buffalo, NY 14221

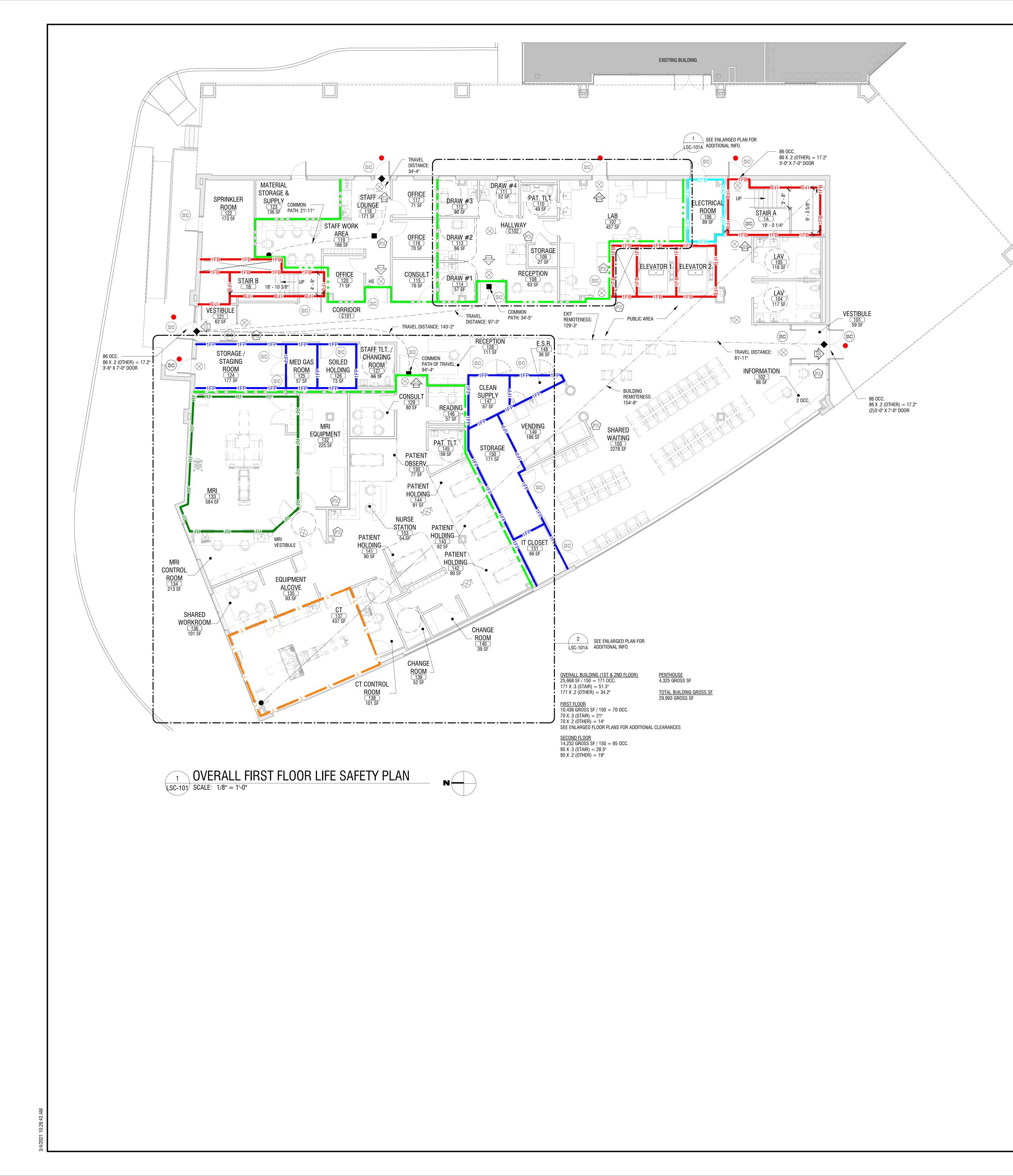


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NOT FOR CONSTRUCTION It is a violation of New York Education Law Article 145 Sec.7209, for any person, unless acting under the direction of a licensed architect, professional engineer, or land surveyor, to alter an item in any way. If an item bearing the seal of an architect, engineer, or land surveyor is altered; the altering architect, engineer, or land surveyor shall affix to the item their seal and notation "altered by" followed by their signature and date of such alteration, and a specific description of the alteration.

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	-	
EXIT 🔶	EXIT DISCHARGE	
	TRAVEL DISTANCE A	ND DIRECTION OF TRAVEL
	COMMON PATH OF E	GRESS
•	REMOTE POINT OF TH	RAVEL
•	EXIT AT GRADE	
E	EXIT	
FX	Fire extinguisher ( (1 per 75 ft radius)	
$\bigotimes$	EXIT SIGN	
SC	DOOR W/ SELF-CLOS	ING DEVICE
1FP	1FP	1 HOUR RATED FIRE PARTITION
2FB	2FB	2 HOUR RATED FIRE PARTITION
<b>—</b> 1FB	1FB	1 HOUR RATED FIRE BARRIER
- L -	L	LEAD LINED WALL CONSTRUCTION: COORDINATE SHIELDING REQUIREMENTS W/ PHYSICIST REPORT
RF	RF	ELECTROMAGNETIC & RADIO FREQUENCY SHIELDING CONSTRUCTION: COORDINATE SHIELDING REQUIREMENTS W/ PHYSICIST REPORT
		SUITE DESIGNATION

## GENERAL CODE PLAN NOTES

1.	THE INTENT OF THIS PLAN IS TO PORTRAY COMPLIANCE ACHIEVED AFTER CONSTRUCTION IS COMPLETED IN PROJECT SCOPE AREAS. DESIGNATIONS IN AREAS OUTSIDE OF SCOPE ARE FOR REFERENCE ONLY.
2.	ALL PROJECT SCOPE AREAS TO BE FULLY SPRINKLERED UPON COMPLETION OF CONSTRUCTION.
3.	CONTRACTOR TO VERIFY ALL FIELD CONDITIONS PRIOR TO STARTING WORK. REPORT ANY DISCREPANCIES OR PROBLEMS TO THE ARCHITECT, IN WRITING, BEFORE BEGINNING DEMOLITION OR CONSTRUCTION
4.	CONTRACTOR IS RESPONSIBLE FOR ALL WORK AND MATERIALS NECESSARY TO CONSTRUCT OR UPGRADE WALLS TO COMPLY W/ THE REQUIREMENTS SHOWN IN THIS CODE COMPLIANCE DRAWING. WORK SHALL INCLUDE, BUT NOT BE LIMITED TO: PENETRATIONS, PERIMETER JOINTS, AND TOP OF WALL CONDITIONS.
5.	CAULKING AT ALL PENETRATIONS AS REQUIRED SHAL LMATCH CONSTRUCTION/PARTITION TYPE. CONTRACTOR SHALL REVIEW ENTIRE WORK AREA & IDENTIFY ANY PRE-EXISTING DEFICIENT CONDITIONS, SUCH AS UNSEALED PENETRATIONS, SUBSTANDARD INSTALLATIONS,

ETC. & REPAIR AS REQUIRED.
APPLY STENCILED LETTERING INDICATING PARTITION RATING OR TYPE PER OWNER STANDARDS (RED IN COLOR, 4" TALL LETTERING, ABOVE THE CEILING, SPACED EVERY 10'-0") PENETRATIONS BY ALL TRADES IN RATED OR SMOKE RESISTANT WALLS, BARRIERS, & PARTITIONS ARE TO BE SEALED OR FIRE STOPPED WITH APPRIVED ASSEMBLIES.

### OWNER STENCILING REQUIREMENTS

•

DESCRIPTION FIRE WALLS	<u>Stencil Wording</u> FW-2HR FW-3HR
FIRE BARRIERS (EXIT ENCLOSURE, HORIZONTAL EXIT, INCIDENTAL USE/HAZARD, OCCUPANCY SEPARATION	FB-1HR FB-2HR
SHAFT ENCLOSURES (FIRE BARRIER AT ELEVATOR, STAIR, OR MECH. SHAFT)	SE-1HR SE-2HR
FIRE PARTITION (ELEV. LOBBY, CORRIDOR WALL, TENANT SEPARATION)	FP-1HR
FIRE BARRIER/SMOKE BARRIERS (SMOKE BARRIER COINCIDING W/ FIRE BARRIER - INCIDENTAL USE, EXIT ENCLOSURE, ETC.)	FBSB-1HR FBSB-2HR
SHAFT ENCLOSURES/SMOKE BARRIERS (SMOKE BARRIER COINCIDING W/ SHAFT ENCLOSURE)	SESB-1HR SESB-2HR
FIRE WALLS/SMOKE BARRIERS (SMOKE BARRIER COINCIDING W/ FIRE WALL)	FWSB-2HR FWSB-3HR
SMOKE PARTITIONS (SP) (UNRATED SMOKE RESISTANT CONSTRUCTION)	SP-0HR
HORIZONTAL ASSEMBLIES (HA) (RATED ENGINEERED CEILINGS)	HA-1HR HA-2HR
NON-RATED WALLS & PARTITIONS	NR

DRAWING NUMBER:

# OVERALL FIRST FLOOR LIFE SAFETY PLAN

**LSC-101** 

NO:	DATE:	DESCRIPTION:
Revisions		
PROJECT NUMBER: 2200261		
DRAWN B	Y:	JH
REVIEWEI	) BY:	JR
ISSUED FOR: DSG-01 - SD SUBMISSION		
DATE:		03/05/21
DRAWING NAME:		

**199-203 PARK CLUB LANE CAMPUS EXPANSION** 199-203 Park Club Lane Buffalo, NY 14221



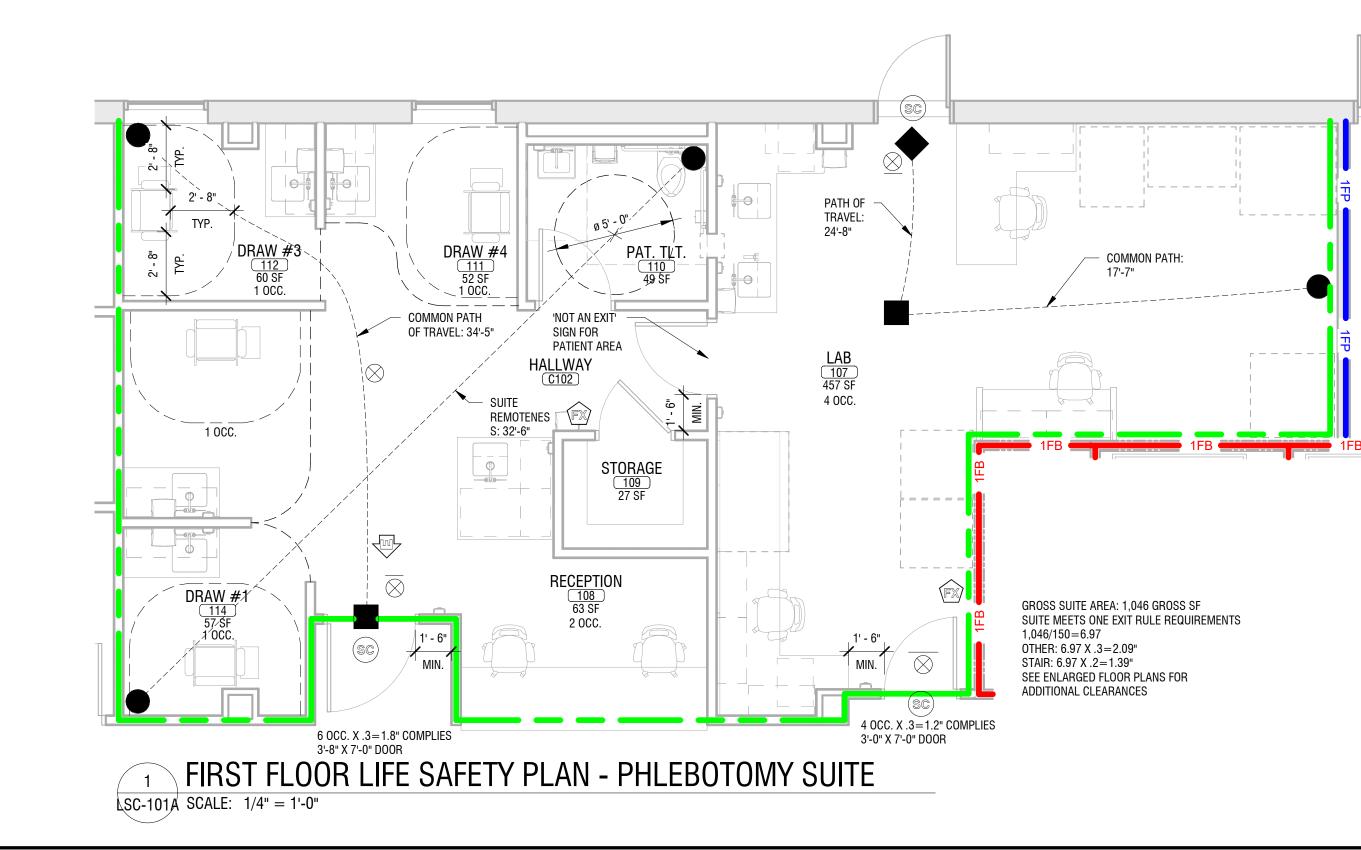
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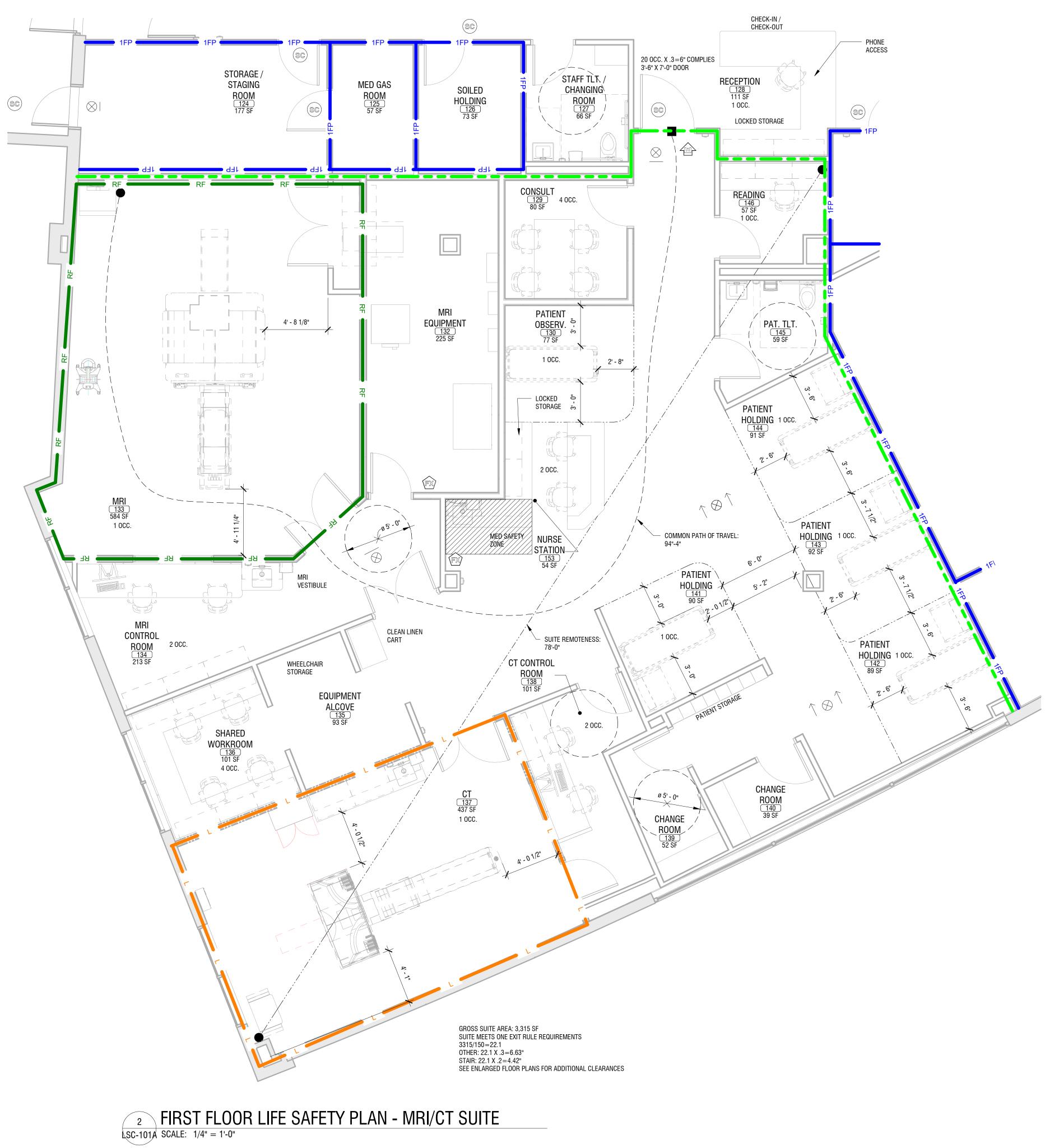
It is a violation of New York Education Law Article 145 Sec.7209, for any person, unless acting under the direction of a licensed architect, professional engineer, or land surveyor, to alter an item in any way. If an item bearing the seal of an architect, engineer, or land surveyor is altered; the altering architect, engineer, or land surveyor shall affix to the item their seal and notation "altered by" followed by their signature and date of such alteration, and a specific description of the alteration.

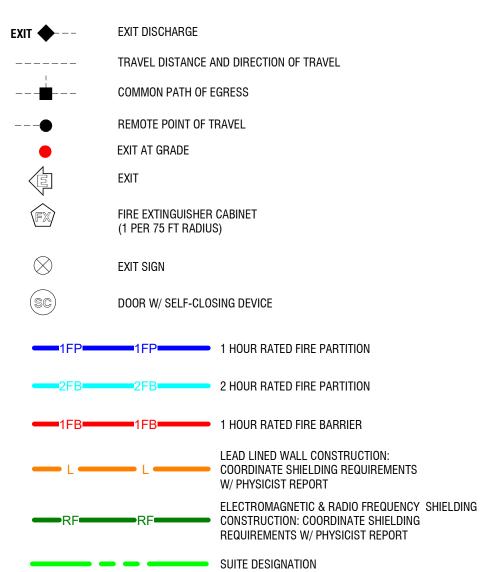
716-551-6281 labellapc.com

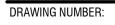
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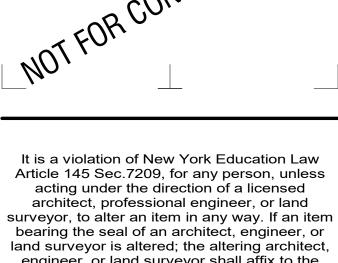
# PARTIAL FIRST FLOOR LIFE SAFETY PLANS

**LSC-101A** 

NO:	DATE:	DESCRIPTION:
Revisions		
PROJECT	NUMBER:	2200261
DRAWN B	Y:	JH
REVIEWE	) BY:	JR
ISSUED FO		01 - SD SUBMISSION
DATE:		03/05/21
DRAWING	NAME:	

199-203 PARK CLUB LANE CAMPUS EXPANSION 199-203 Park Club Lane Buffalo, NY 14221





bearing the seal of an architect, engineer, or land surveyor is altered; the altering architect, engineer, or land surveyor shall affix to the item their seal and notation "altered by" followed by their signature and date of such

alteration, and a specific description of the alteration.

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Corporation

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Buffalo, NY 14202

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EXIT	EXIT DISCHARGE		
	TRAVEL DISTANCE AND DIRECTION OF TRAVEL		
	COMMON PATH OF EGRES	SS	
•	REMOTE POINT OF TRAVE	L	
•	EXIT AT GRADE		
	EXIT		
FX	FIRE EXTINGUISHER CABI (1 PER 75 FT RADIUS)	NET	
$\otimes$	EXIT SIGN		
SC	DOOR W/ SELF-CLOSING	DEVICE	
1FP	1FP 1 H(	OUR RATED FIRE PARTITION	
2FB	2FB 2 H0	DUR RATED FIRE PARTITION	
1FB	1FB	DUR RATED FIRE BARRIER	
L		D LINED WALL CONSTRUCTION: IRDINATE SHIELDING REQUIREMENTS PHYSICIST REPORT	
-RF	RF CON	CTROMAGNETIC & RADIO FREQUENCY SHIELDING ISTRUCTION: COORDINATE SHIELDING IUIREMENTS W/ PHYSICIST REPORT	
		IE DESIGNATION	

# GENERAL CODE PLAN NOTES

- 1. THE INTENT OF THIS PLAN IS TO PORTRAY COMPLIANCE ACHIEVED AFTER CONSTRUCTION IS COMPLETED IN PROJECT SCOPE AREAS. DESIGNATIONS IN AREAS OUTSIDE OF SCOPE ARE FOR REFERENCE
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- ARCHITECT, IN WRITING, BEFORE BEGINNING DEMOLITION OR CONSTRUCTION 4. CONTRACTOR IS RESPONSIBLE FOR ALL WORK AND MATERIALS NECESSARY TO CONSTRUCT OR UPGRADE WALLS TO COMPLY W/ THE
- REQUIREMENTS SHOWN IN THIS CODE COMPLIANCE DRAWING. WORK SHALL INCLUDE, BUT NOT BE LIMITED TO: PENETRATIONS, PERIMETER JOINTS, AND TOP OF WALL CONDITIONS. 5. CAULKING AT ALL PENETRATIONS AS REQUIRED SHAL LMATCH CONSTRUCTION/PARTITION TYPE. CONTRACTOR SHALL REVIEW ENTIRE
- WORK AREA & IDENTIFY ANY PRE-EXISTING DEFICIENT CONDITIONS, SUCH AS UNSEALED PENETRATIONS, SUBSTANDARD INSTALLATIONS, ETC. & REPAIR AS REQUIRED. 6. APPLY STENCILED LETTERING INDICATING PARTITION RATING OR TYPE
- PER OWNER STANDARDS (RED IN COLOR, 4" TALL LETTERING, ABOVE THE CEILING, SPACED EVERY 10'-0") PENETRATIONS BY ALL TRADES IN RATED OR SMOKE RESISTANT WALLS, BARRIERS, & PARTITIONS ARE TO BE SEALED OR FIRE STOPPED WITH APPRIVED ASSEMBLIES.

# OWNER STENCILING REQUIREMENTS

DESCRIPTION FIRE WALLS	<u>Stencil Wording</u> FW-2HR FW-3HR
FIRE BARRIERS (EXIT ENCLOSURE, HORIZONTAL EXIT, INCIDENTAL USE/HAZARD, OCCUPANCY SEPARATION	FB-1HR FB-2HR
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FIRE PARTITION (ELEV. LOBBY, CORRIDOR WALL, TENANT SEPARATION)	FP-1HR
FIRE BARRIER/SMOKE BARRIERS (SMOKE BARRIER COINCIDING W/ FIRE BARRIER - INCIDENTAL USE, EXIT ENCLOSURE, ETC.)	FBSB-1HR FBSB-2HR
SHAFT ENCLOSURES/SMOKE BARRIERS (SMOKE BARRIER COINCIDING W/ SHAFT ENCLOSURE)	SESB-1HR SESB-2HR
FIRE WALLS/SMOKE BARRIERS (SMOKE BARRIER COINCIDING W/ FIRE WALL)	FWSB-2HR FWSB-3HR
SMOKE PARTITIONS (SP) (UNRATED SMOKE RESISTANT CONSTRUCTION)	SP-0HR
HORIZONTAL ASSEMBLIES (HA) (RATED ENGINEERED CEILINGS)	HA-1HR HA-2HR
NON-RATED WALLS & PARTITIONS	NR

DRAWING NUMBER:

# **OVERALL SECOND FLOOR** LIFE SAFETY PLAN

**LSC-102** 

NO:	DATE:	DESCRIPTION:
Revisions		
PROJECT NUMBER: 2200261		
DRAWN B	Y:	JH
REVIEWED BY: JR		JR
ISSUED FOR: DSG-01 - SD SUBMISSION		
DATE:		03/05/21
DRAWING NAME:		

199-203 PARK CLUB LANE CAMPUS EXPANSION 199-203 Park Club Lane Buffalo, NY 14221



Article 145 Sec.7209, for any person, unless acting under the direction of a licensed architect, professional engineer, or land surveyor, to alter an item in any way. If an item bearing the seal of an architect, engineer, or land surveyor is altered; the altering architect, engineer, or land surveyor shall affix to the item their seal and notation "altered by" followed by their signature and date of such alteration, and a specific description of the alteration.

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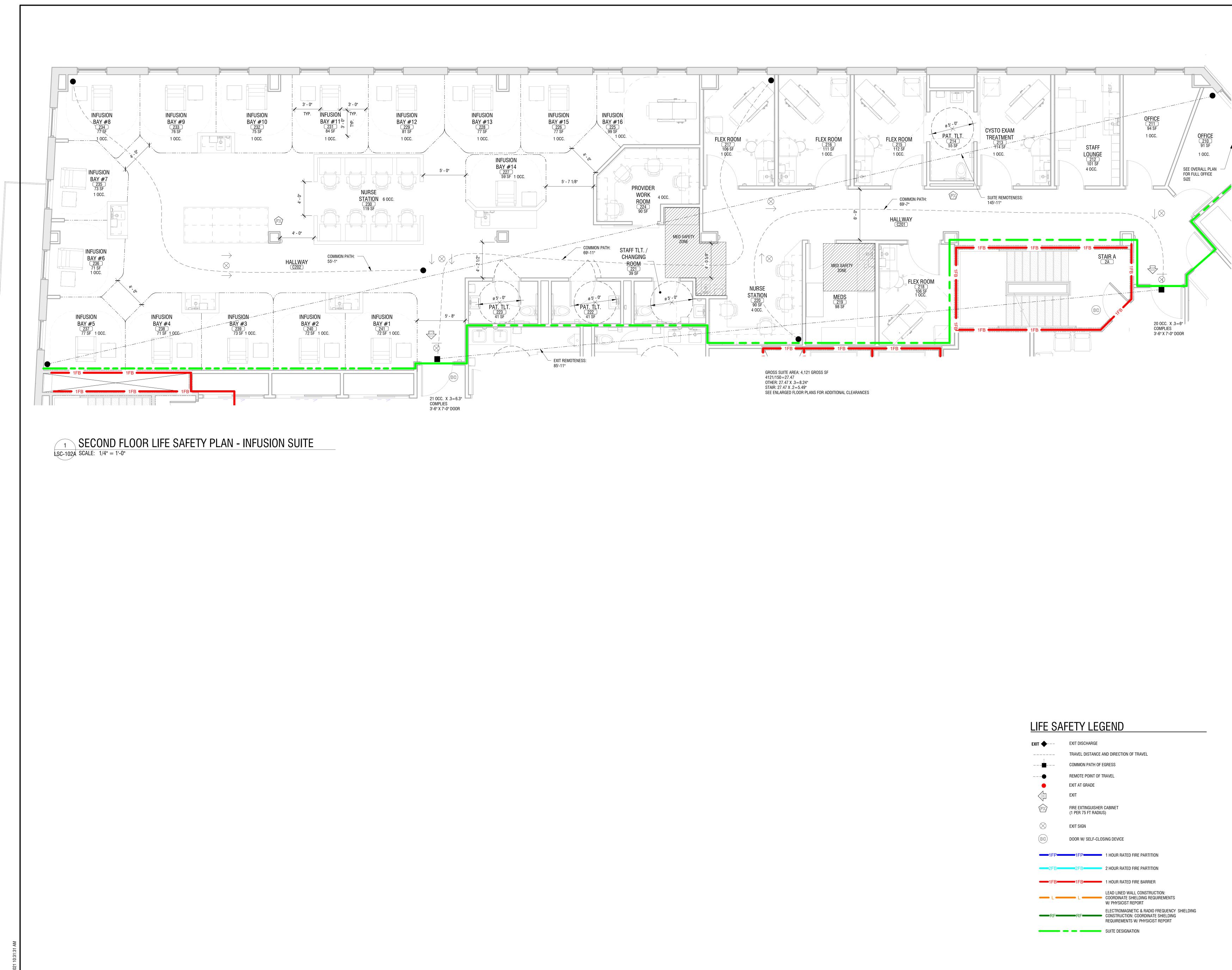
It is a violation of New York Education Law

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Buffalo, NY 14202



XIT <b>•</b>	EXIT DISCHARGE	
	TRAVEL DISTANCE A	ND DIRECTION OF TRAVEL
	COMMON PATH OF E	GRESS
●	REMOTE POINT OF T	RAVEL
•	EXIT AT GRADE	
E	EXIT	
FX	Fire extinguisher (1 per 75 ft radius	
$\otimes$	EXIT SIGN	
SC	DOOR W/ SELF-CLOS	SING DEVICE
1FP	1FP	1 HOUR RATED FIRE PARTITION
2FB	2FB	2 HOUR RATED FIRE PARTITION
1FB	1FB	1 HOUR RATED FIRE BARRIER
L	L	LEAD LINED WALL CONSTRUCTION: COORDINATE SHIELDING REQUIREMENTS W/ PHYSICIST REPORT
-RF	RF	ELECTROMAGNETIC & RADIO FREQUENCY SHIELDING CONSTRUCTION: COORDINATE SHIELDING REQUIREMENTS W/ PHYSICIST REPORT
		SUITE DESIGNATION

DRAWING NUMBER:

# PARTIAL SECOND FLOOR LIFE SAFETY PLAN

**LSC-102A** 

NO:	DATE:	DESCRIPTION:
Revisions		
PROJECT NUMBER: 2200261		
DRAWN E	SY:	JH
REVIEWED BY:		JR
		011
ISSUED F		-01 - SD SUBMISSION
DATE:		03/05/21
DRAWING	ANAME:	

CAMPUS EXPANSION 199-203 Park Club Lane Buffalo, NY 14221







**COMPREHENSIVE CANCER CENTER** 

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EXIT 🔶 – –	EXIT DISCHARGE	
	TRAVEL DISTANCE	AND DIRECTION OF TRAVEL
	COMMON PATH OF I	EGRESS
•	Remote point of t	TRAVEL
•	EXIT AT GRADE	
	EXIT	
FX	Fire extinguisher (1 Per 75 ft radiu	
$\bigotimes$	EXIT SIGN	
SC	DOOR W/ SELF-CLO	SING DEVICE
1FP	1FP	1 HOUR RATED FIRE PARTITION
2FB	2FB	2 HOUR RATED FIRE PARTITION
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L	L	LEAD LINED WALL CONSTRUCTION: COORDINATE SHIELDING REQUIREMENTS W/ PHYSICIST REPORT
RF	RF	ELECTROMAGNETIC & RADIO FREQUENCY SHIELDING CONSTRUCTION: COORDINATE SHIELDING REQUIREMENTS W/ PHYSICIST REPORT
		SUITE DESIGNATION

DRAWING NUMBER:

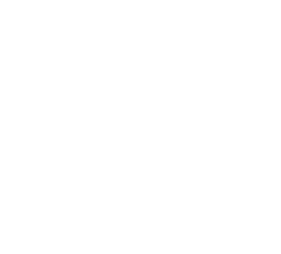
# PARTIAL SECOND FLOOR LIFE SAFETY PLAN

**LSC-102B** 

NO:	DATE:	DESCRIPTION:
Revisions		
PROJECT NUMBER: 2200261		
DRAWN E	SY:	JH
REVIEWED BY:		JR
		on
ISSUED F		-01 - SD SUBMISSION
DATE:		03/05/21
DRAWING NAME:		

CAMPUS EXPANSION 199-203 Park Club Lane Buffalo, NY 14221







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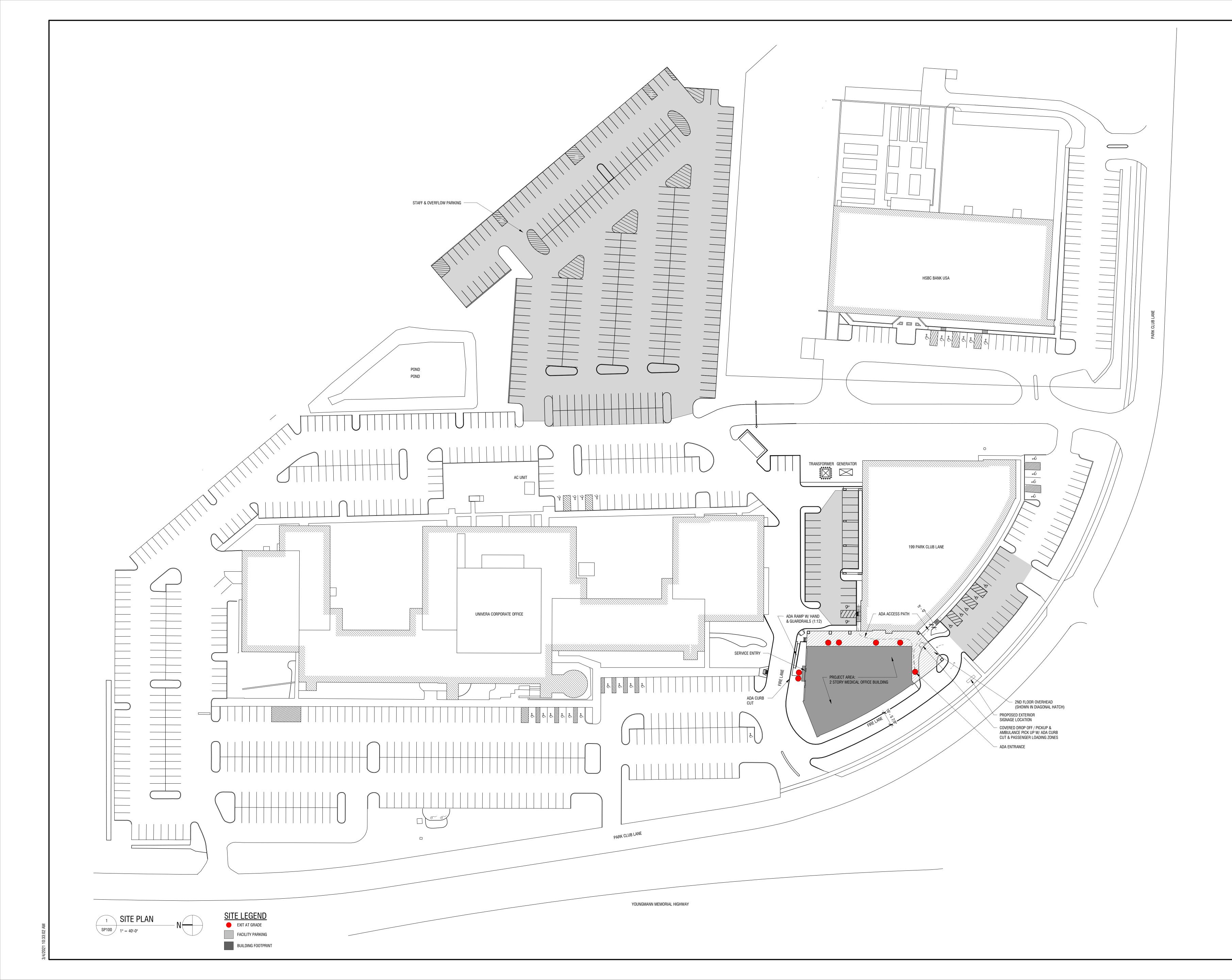
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DRAWING NUMBER:

DRAWING NAME:

NO: DATE:

# SITE PLAN

Revisions			
PROJECT NUME	BER: 2200261		
DRAWN BY:	JH		
REVIEWED BY:	JR		
ISSUED FOR:	DSG-01 - SD SUBMISSION		
DATE:	03/05/21		

DESCRIPTION:

**199-203 PARK CLUB LANE CAMPUS EXPANSION** 199-203 Park Club Lane Buffalo, NY 14221



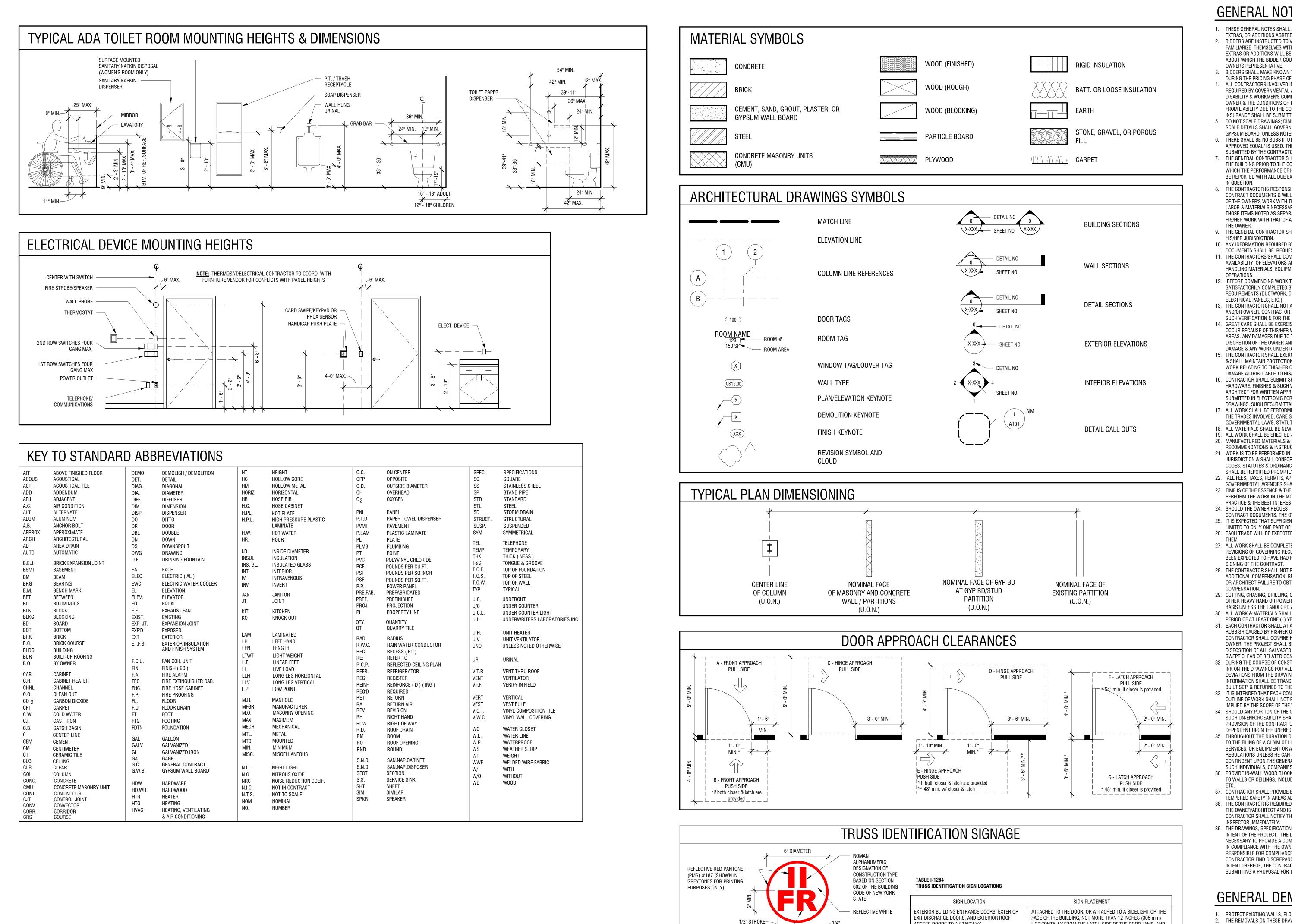
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"F" FLOOR FRAMING, INCLUDING

GIRDERS AND BEAMS

"FR" | FLOOR AND ROOF FRAMING

1) REFER TO PLANS FOR SIGN LOCATION

2) REFER TO NYS CODE FOR HOW TO DISPLAY SIGN PROPERLY.

TRUSS IDENTIFICATION SIGN COMPLIANCE WITH 19 NYCRR PART 1264

"R" ROOF FRAMING

DESIGNATION FOR STRUCTURAL

CONSTRUCTION

COMPONENTS THAT ARE OF TRUSS

#### ACCESS DOORS TO A STAIRWAY HORIZONTALLY FROM THE LATCH SIDE OF THE DOOR JAMB, AND NOT LESS THAN 42 INCHES (1067 mm) NOR MORE THAN 60 INCHES (1524 mm) ABOVE THE ADJOINING WALKING SURFACE. MULTIPLE CONTIGUOUS EXTERIOR BUILDING ATTACHED AT EACH END OF THE ROW OF DOORS AND AT A ENTRANCE OR EXIT DISCHARGE DOORS MAXIMUM HORIZONTAL DISTANCE OF 12 FEET (3.65 M) BETWEEN SIGNS, AND NOT LESS THAN 42 INCHES (1067 mm) NOR MORE THAN 60 INCHES (1524 mm) ABOVE THE ADJOINING WALKING SURFACE FIRE DEPARTMENT HOSE CONNECTIONS ATTACHED TO THE FACE OF THE BUILDING. NOT MORE THAN 12 INCHES (305 mm) HORIZONTALLY FROM THE CENTER LINE OF THE FIRE DEPARTMENT HOSE CONNECTION, AND NOT LESS THAN 42 INCHES (1067 mm) NOR MORE THAN 60 INCHES

(1524 mm) ABOVE THE ADJOINING WALKING SURFACE

# **GENERAL NOTES:**

- 1. THESE GENERAL NOTES SHALL APPLY TO ALL WORK & ALL DRAWINGS IN THIS SET & SHALL EXTEND TO ANY CHANGES, EXTRAS, OR ADDITIONS AGREED TO DURING THE COURSE OF THE WORK. BIDDERS ARE INSTRUCTED TO VISIT & INSPECT THE PREMISES PRIOR TO SUBMITTING THEIR PROPOSALS & TO FAMILIARIZE THEMSELVES WITH THE CONDITIONS UNDER WHICH THE WORK WILL BE PERFORMED. NO SUBSEQUENT EXTRAS OR ADDITIONS WILL BE ALLOWED ON ANY CLAIM OF LACK OF KNOWLEDGE OF CONDITIONS OR CIRCUMSTANCES ABOUT WHICH THE BIDDER COULD HAVE INFORMED HIM/HERSELF. APPOINTMENTS SHALL BE ARRANGED THROUGH THE
- BIDDERS SHALL MAKE KNOWN TO THE OWNER ANY LIMITATIONS, EXCLUSIONS, OR MODIFICATIONS TO THE PROJECT DURING THE PRICING PHASE OF THE PROJECT. UNLESS NOTED THEY WILL BE PRESUMED INCLUDED BY THE OWNER. 4. ALL CONTRACTORS INVOLVED IN THIS WORK SHALL CARRY PROPERTY DAMAGE & PUBLIC LIABILITY INSURANCE AS REQUIRED BY GOVERNMENTAL AGENCIES HAVING JURISDICTION & COMPLY WITH STATUTORY REQUIREMENTS FOR DISABILITY & WORKMEN'S COMPENSATION. THEY WILL COMPLY WITH ALL RULES & REGULATIONS DICTATED BY THE OWNER & THE CONDITIONS OF THE JOB. INSURANCE SHALL PROTECT THE OWNER & ANY OTHER GROUP TO BE NAMED
- FROM LIABILITY DUE TO THE CONTRACTOR'S NEGLIGENCE. A PROPERLY EXECUTED CERTIFICATE OF EXECUTED INSURANCE SHALL BE SUBMITTED TO THE OWNER PRIOR TO THE COMMENCEMENT OF ANY WORK. DO NOT SCALE DRAWINGS; DIMENSIONS SHALL GOVERN. DETAILS SHALL GOVERN OVER PLANS & ELEVATIONS, LARGE SCALE DETAILS SHALL GOVERN OVER SMALL SCALE DETAILS. DIMENSIONS SHOWN ARE FROM FINISHED FACE OF GYPSUM BOARD, UNLESS NOTED OTHERWISE.
- 6. THERE SHALL BE NO SUBSTITUTION OF MATERIALS WHERE A MANUFACTURER IS SPECIFIED. WHERE THE TERM "OR APPROVED EQUAL" IS USED, THE ARCHITECT ALONE SHALL DETERMINE THE EQUALITY BASED UPON THE INFORMATION SUBMITTED BY THE CONTRACTOR. THE GENERAL CONTRACTOR SHALL REVIEW ALL PLANS & SPECIFICATIONS & VERIFY ALL GOVERNING DIMENSIONS AT THE BUILDING PRIOR TO THE COMMENCEMENT OF WORK. HE SHALL EXAMINE ALL ADJOINING WORK OR AREAS UPON WHICH THE PERFORMANCE OF HIS/HER WORK IS IN ANY WAY DEPENDENT. ANY VARIATIONS OR DISCREPANCIES SHALL
- BE REPORTED WITH ALL DUE EXPEDIENCY TO THE ARCHITECT PRIOR TO THE FABRICATION OR ERECTION OF THE WORK THE CONTRACTOR IS RESPONSIBLE FOR VERIFYING THE EXTENT, NATURE & SCOPE OF WORK DESCRIBED IN THE CONTRACT DOCUMENTS & WILL COORDINATE WITH THE OWNER, OR THE OWNER'S REPRESENTATIVE. THE INTERFACING OF THE OWNER'S WORK WITH THAT INDICATED IN THE CONTRACT DOCUMENTS. THE CONTRACTOR IS TO PROVIDE ALL LABOR & MATERIALS NECESSARY TO EXECUTE ALL WORK AS SHOWN ON THESE DRAWINGS WITH THE EXCEPTION OF THOSE ITEMS NOTED AS SEPARATE CONTRACTS OR "N.I.C." HE/SHE SHALL BE RESPONSIBLE FOR COORDINATING HIS/HER WORK WITH THAT OF ALL OTHER TRADES INCLUDING THOSE OPERATING UNDER SEPARATE CONTRACT WITH
- 9. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR THE DISTRIBUTION OR DRAWINGS TO ALL TRADES UNDER 10. ANY INFORMATION REQUIRED BY THE CONTRACTORS THAT IS NOT SHOWN ON DRAWINGS OR OTHER CONTRACT
- DOCUMENTS SHALL BE REQUESTED BY THE GENERAL CONTRACTOR FROM THE ARCHITECT. 11. THE CONTRACTORS SHALL COMPLY WITH THE RULES & REGULATIONS OF THE BUILDING AS TO THE HOURS OF AVAILABILITY OF ELEVATORS AND/OR LOADING DOCKS FOR THE PURPOSE OF DELIVERY & ALSO AS TO THE MANNER OF HANDLING MATERIALS, EQUIPMENT & DEBRIS, TO AVOID CONFLICT & INTERFERENCE WITH NORMAL BUILDING
- 12. BEFORE COMMENCING WORK THE CONTRACTORS SHALL NOTIFY THE OWNER OF ANY AREAS THAT HAVE NOT BEEN SATISFACTORILY COMPLETED BY THE OWNER AND/OR THE PREVIOUS TENANT TO MEET THE BASE BUILDING REQUIREMENTS (DUCTWORK, CONDITION OF SLAB, CONDITION OF CORE & DEMISING WALLS, UTILITY HOOK-UPS,
- 13. THE CONTRACTOR SHALL NOT ACCEPT INSTRUCTION FROM PERSONNEL WITHOUT VERIFICATION FROM THE ARCHITECT AND/OR OWNER. CONTRACTOR WILL BE LIABLE FOR ANY EXPENSE CAUSED BY THE EXECUTION OF SUCH WORK WITHOUT SUCH VERIFICATION & FOR THE EXPENSES CAUSED BY ITS REMOVAL OR CORRECTION 14 GREAT CARE SHALL BE EXERCISED TO ASSURE THAT THE BUILDING SHALL BE PROTECTED FROM DAMAGE THAT COULD OCCUR BECAUSE OF THIS/HER WORK & CONTRACTORS SHALL PROVIDE PROTECTION FOR EXISTING AREAS & NEW WORK AREAS. ANY DAMAGES DUE TO THIS/HER WORK OR ACCIDENTS SHALL BE REPAIRED, REPLACED, OR PATCHED AT THE DISCRETION OF THE OWNER AND/OR ARCHITECT THE CONTRACTOR SHALL BEAR FINANCIAL RESPONSIBILITY FOR SUCH DAMAGE & ANY WORK UNDERTAKEN TO CORRECT IT.
- 15. THE CONTRACTOR SHALL EXERCISE GREAT CARE IN PROTECTING ALL MATERIALS EXISTING ON THE JOB FROM DAMAGE & SHALL MAINTAIN PROTECTION FOR ALL TRAFFIC AREAS OF THE BUILDING TO BE USED DURING THE EXECUTION OF WORK RELATING TO THIS/HER CONTACT WITH THE UNDERSTANDING THAT THE CONTRACTOR WILL RECTIFY ANY DAMAGE ATTRIBUTABLE TO HIS/HER OPERATIONS CONTRACTOR SHALL SUBMIT SHOP DRAWINGS FOR MISCELLANEOUS STEEL WORK, ALL WOODWORK, DOORS, FRAMES HARDWARE, FINISHES & SUCH WORK AS MAY BE SPECIFICALLY REQUESTED IN THE CONTRACT DOCUMENTS TO THE
- ARCHITECT FOR WRITTEN APPROVAL. SHOP DRAWINGS SHALL SHOW ALL DIMENSIONS & CONDITIONS & SHALL BE SUBMITTED IN ELECTRONIC FORM. WHEN THE ARCHITECT REQUIRES THE REVISION & RESUBMITTAL OF SHOP DRAWINGS. SUCH RESUBMITTAL SHALL OCCUR WITHIN ONE (1) WEEK OF NOTIFICATION OF SUCH REQUIREMENT. 17. ALL WORK SHALL BE PERFORMED BY SKILLED & QUALIFIED WORKMEN IN ACCORDANCE WITH THE BEST PRACTICES OF THE TRADES INVOLVED. CARE SHALL BE TAKEN TO ENSURE COMPLIANCE WITH BUILDING REGULATIONS AND/OR GOVERNMENTAL LAWS, STATUTES, OR ORDINANCES CONCERNING THE USE OF UNION LABOR. 18. ALL MATERIALS SHALL BE NEW, UNUSED & OF THE HIGHEST QUALITY IN EVERY RESPECT UNLESS OTHERWISE NOTED.
- 19. ALL WORK SHALL BE ERECTED & INSTALLED PLUMB. LEVEL. SQUARE & TRUE & IN PROPER ALIGNMENT. 20. MANUFACTURED MATERIALS & EQUIPMENT SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS & INSTRUCTIONS UNLESS OTHERWISE NOTED. 21. WORK IS TO BE PERFORMED IN ACCORDANCE WITH THE RULES & REGULATIONS OF GOVERNMENTAL AGENCIES HAVING JURISDICTION & SHALL CONFORM TO ALL CITY, COUNTY, STATE & FEDERAL CONSTRUCTION, SAFETY & SANITARY LAWS, CODES, STATUTES & ORDINANCES. ANY DISCREPANCIES, VARIATIONS, OR OMISSIONS IN THE CONTRACT DOCUMENTS SHALL BE REPORTED PROMPTLY TO THE ARCHITECT IN WRITING. 22. ALL FEES, TAXES, PERMITS, APPLICATIONS & CERTIFICATES OF INSPECTION & THE FILING OF ALL WORK WITH
- GOVERNMENTAL AGENCIES SHALL BE THE RESPONSIBILITY OF THE GENERAL CONTRACTOR 23. TIME IS OF THE ESSENCE & THE CONTRACTOR SHALL KEEP SUFFICIENT WORKMEN ON THE JOB SITE AT ALL TIMES TO PERFORM THE WORK IN THE MOST EXPEDITIOUS MANNER CONSISTENT WITH GOOD WORKMANSHIP, SOUND BUSINESS PRACTICE & THE BEST INTERESTS OF THE OWNER. 24. SHOULD THE OWNER REQUEST WORK TO BE PERFORMED ON PREMIUM TIME ABOVE & BEYOND THAT IMPLIED BY THE CONTRACT DOCUMENTS, THE OWNER SHALL GIVE WRITTEN NOTICE & THE CONTRACTOR SHALL COMPLY THEREWITH.
- 25. IT IS EXPECTED THAT SUFFICIENT LABOR WILL BE PROVIDED SO THAT ACTIVITY FOR ANY GIVEN TRADE WILL NOT BE LIMITED TO ONLY ONE PART OF THE TOTAL WORK AREA. 26. EACH TRADE WILL BE EXPECTED TO PROCEED IN A FASHION THAT WILL NOT DELAY OR DETAIN THE TRADE FOLLOWING
- 27. ALL WORK SHALL BE COMPLETED FOR THE AGREED CONTRACT PRICE WITHOUT RECOURSE TO LABOR STOPPAGES OR BEVISIONS OF GOVERNING REGULATIONS, LAWS & CODES ABOUT WHICH THE CONTRACTOR COULD HAVE REASONABLY BEEN EXPECTED TO HAVE HAD FOREWARNING & TO HAVE MADE APPROPRIATE CONTINGENCY PLANS PRIOR TO THE 28. THE CONTRACTOR SHALL NOT PROCEED WITH ANY ADDITIONAL WORK OR CHANGES FOR WHICH HE EXPECTS ADDITIONAL COMPENSATION BEYOND THE CONTRACT AMOUNT WITHOUT WRITTEN AUTHORIZATION FROM THE OWNER
- OR ARCHITECT FAILURE TO OBTAIN SUCH AUTHORIZATION SHALL INVALIDATE ANY CLAIM FOR SUCH EXTRA 29. CUTTING, CHASING, DRILLING, OR DEMOLITION OF WALLS, SLABS, ETC. REQUIRING THE USE OF JACK HAMMERS OR OTHER HEAVY HAND OR POWER TOOLS SHALL BE PERFORMED AFTER REGULAR BUSINESS HOURS ON AN OVERTIME BASIS UNLESS THE LANDLORD & ANY AFFECTED TENANTS EXPRESSLY PERMIT IT. IN WRITTEN FORM. 30. ALL WORK & MATERIALS SHALL BE GUARANTEED AGAINST DEFECTS IN DESIGN, WORKMANSHIP & MATERIALS FOR A
- PERIOD OF AT LEAST ONE (1) YEAR FROM THE OWNERS APPROVAL FOR FINAL PAYMENT. 31. EACH CONTRACTOR SHALL AT ALL TIMES KEEP THE PREMISES FREE OF ACCUMULATIONS OF WASTE MATERIALS OR RUBBISH CAUSED BY HIS/HER OPERATIONS OR THE OPERATIONS OF THE OWNERS SEPARATE CONTRACTORS. CONTRACTOR SHALL CONFINE HIS/HER OPERATIONS FOR REMOVAL TO SUCH METHODS AS MAY BE AGREEABLE TO THE OWNER. THE PROJECT SHALL BE LEFT CLEAN & CLEAR TO THE SATISFACTION OF THE OWNER AND /OR ARCHITECT & THE
- DISPOSITION OF ALL SALVAGED MATERIALS IS TO BE CLEARED WITH THE OWNER PRIOR TO REMOVAL. PREMISES TO BE SWEPT CLEAN OF RELATED CONSTRUCTION DEBRIS DAILY. 32. DURING THE COURSE OF CONSTRUCTION, INSTALLATION LOCATIONS SHALL BE RECORDED TO SCALE IN CONTRASTING INK ON THE DRAWINGS FOR ALL RUNS OF MECHANICAL & ELECTRICAL WORK INCLUDING SITE UTILITIES & CONCEALED DEVIATIONS FROM THE DRAWINGS. UPON COMPLETION OF THE PROJECT, INCLUDING THE PUNCH LIST, THIS/HER INFORMATION SHALL BE TRANSFERRED TO ELECTRONIC MEDIA (PDF FORMAT) THIS/HER SET SHALL BE MARKED "AS
- BUILT SET" & RETURNED TO THE OWNER WITH ONE (1) HARDCOPY & (1) DISK TO THE OWNER. 33. IT IS INTENDED THAT EACH CONTRACTOR PROVIDE A COMPLETE JOB & ANY OMISSIONS IN THESE NOTES OR IN THE OUTLINE OF WORK SHALL NOT BE CONSTRUED AS RELIEVING THE CONTRACTOR OF SUCH RESPONSIBILITIES AS ARE IMPLIED BY THE SCOPE OF THE WORK EXCEPT FOR ITEMS SPECIFICALLY NOTED
- 34. SHOULD ANY PORTION OF THE CONTRACT DOCUMENTS PROVE TO BE, FOR WHATEVER REASONS, UNENFORCEABLE SUCH UN-ENFORCEABILITY SHALL NOT EXTEND TO THE REMAINDER OF THE CONTRACT NOR SHALL IT VOID ANY OTHER PROVISION OF THE CONTRACT UNLESS IT BE SHOWN THAT THE CONTRACT OR THE PROVISIONS THEREOF ARE DEPENDENT UPON THE UNENFORCEABLE PARTS FOR THEIR MEANING. 35. THROUGHOUT THE DURATION OF THE PROJECT EACH CONTRACTOR SHALL REFRAIN FROM ACTIONS THAT COULD LEAD TO THE FILING OF A CLAIM OF LIEN AGAINST THE OWNER BY SUB-CONTRACTORS OR SUPPLIERS OF LABOR, MATERIALS
- SERVICES, OR EQUIPMENT OR ANY OTHER INDIVIDUAL, COMPANY, OR ENTITY SO ENTITLED UNDER GOVERNING LAWS & REGULATIONS UNLESS HE CAN SHOW REASONABLE & JUSTIFIABLE CAUSE. APPROVAL FOR FINAL PAYMENT SHALL BE CONTINGENT UPON THE GENERAL CONTRACTOR'S OBTAINING & FURNISHING TO THE OWNER SIGNED RELEASES FROM SUCH INDIVIDUALS, COMPANIES, OR ENTITIES. 36. PROVIDE IN-WALL WOOD BLOCKING AS REQUIRED AT ALL LOCATIONS WHERE ANY ITEMS ARE ATTACHED OR MOUNTED TO WALLS OR CEILINGS, INCLUDING BUT NOT LIMITED TO ALL MILLWORK, SHELVES, VIDEO DISPLAYS, WHITE BOARDS,
- 37. CONTRACTOR SHALL PROVIDE BARRIERS, WARNING SIGNS, LIGHTS, ETC. AS REQUIRED MAINTAINING A HIGH LEVEL OF TEMPERED SAFETY IN AREAS ADJACENT TO THE SITE. 38. THE CONTRACTOR IS REQUIRED TO COORDINATE SPECIAL INSPECTIONS WITH THE SPECIAL INSPECTOR SELECTED BY THE OWNER/ARCHITECT AND IS RESPONSIBLE TO COMPLY WITH ALL SPECIAL INSPECTION REQUIREMENTS. THE CONTRACTOR SHALL NOTIFY THE ARCHITECT & CORRECT ANY DEVIATION OR DEFICIENCIES FOUND BY THE SPECIAL
- 39. THE DRAWINGS, SPECIFICATIONS, & OTHER DOCUMENTS FOR THIS PROJECT ARE INTENDED TO CONVEY THE DESIGN INTENT OF THE PROJECT. THE DRAWINGS ARE REPRESENTATIONAL IN NATURE & MAY NOT REFLECT ALL ITEMS NECESSARY TO PROVIDE A COMPLETE INSTALLATION. THE CONTRACTOR WILL COMPLETE THE SCOPE OF THE PROJECT IN COMPLIANCE WITH THE OWNER & DESIGN TEAM INTENT. ALL CONTRACTORS & SUB-CONTRACTORS ARE RESPONSIBLE FOR COMPLIANCE WITH ALL INFORMATION IN THE CONSTRUCTION DOCUMENTS. SHOULD THE CONTRACTOR FIND DISCREPANCIES OR OMISSIONS IN THE CONSTRUCTION DOCUMENTS OR BE IN DOUBT AS TO THE INTENT THEREOF, THE CONTRACTOR SHALL IMMEDIATELY OBTAIN CLARIFICATION FROM THE ARCHITECT PRIOR TO SUBMITTING A PROPOSAL FOR THE WORK.

# GENERAL DEMOLITION NOTES:

- PROTECT EXISTING WALLS. FLOORS & ANY OTHER ELEMENTS TO REMAIN DURING DEMOLITION. . THE REMOVALS ON THESE DRAWINGS SHALL NOT BE CONSTRUED TO INDICATE THE FULL EXTENT OF DEMOLITION REQUIRED. CONTRACTOR SHALL REFER TO ALL TRADES FOR EXTENT OF DEMOLITION / REMOVAL SCOPE OF WORK. THE
- SCOPE OF WORK PROVIDES THE GENERAL CONCEPT OF THE REMOVALS REQUIRED. ALL DEMOLISHED MATERIALS SHALL BE REMOVED FROM THE SITE & DISPOSED OF IN STRICT ACCORDANCE WITH ALL APPLICABLE REGULATIONS & AUTHORITIES HAVING JURISDICTION, UNLESS NOTED OTHERWISE.
- 4. DEMOLITION CONTRACTOR TO PROVIDE DUMPSTERS & MEANS OF MATERIAL REMOVAL FROM SITE IN ACCORDANCE WITH ALL APPLICABLE REGULATIONS & AUTHORITIES HAVING JURISDICTION. . DEMOLITION CONTRACTOR TO CARRY FORTH DAILY CLEAN UP OF THE SITE 6. DEMOLITION CONTRACTOR TO PROVIDE PROOF OF INSURANCE TO ARCHITECT & OWNER PRIOR TO STARTING WORK
- DEMOLITION CONTRACTOR IS RESPONSIBLE FOR CONTINUOUS ON SITE SUPERVISION OF DEMOLITION WORK. 8. DEMOLITION CONTRACTOR SHALL SHORE & BRACE ANY FLOOR, ROOF, OR WALL SYSTEM INVOLVED IN SUBSTANTIAL DEMOLITION THAT COULD AFFECT THE STRUCTURAL INTEGRITY OF THE BUILDING.
- ANY ITEM NOT SPECIFICALLY CALLED OUT TO BE REMOVED OR RELOCATED, BUT NECESSARY TO DO AS PART OF THE PROJECT, SHALL BE REMOVED & STORED ON SITE IF REQUIRED. ITEMS SHALL INCLUDE BUT NOT BE LIMITED TO RECESSED & SURFACE MOUNTED HVAC, ELECTRICAL, FIRE ALARM, TELEPHONE, THERMOSTAT, SIGNAGE, PUBLIC ADDRESS, ASSOCIATED OR EXPOSED WIRING, CONDUIT & PIPING OR OTHER DEVICES & EQUIPMENT
- 10. REMOVE ANY & ALL UNUSED SCREWS, CLIPS, FASTENERS, ETC. FROM WALL, CEILING OR FLOOR. PATCH & PREP ALL HOLES FOR NEW FINISH MATERIAL. 11. THE ELECTRICAL CONTRACTOR SHALL TURN OFF POWER & DEEM SAFE PRIOR TO THE COMMENCEMENT OF DEMOLITION WORK THAT MAY INCLUDE ELECTRICAL COMPONENTS. DEMOLITION CONTRACTOR TO COORDINATE WITH/ ELECTRICAL
- CONTRACTOR 12. MECHANICAL, ELECTRICAL & PLUMBING CONTRACTORS ARE RESPONSIBLE FOR DISCONNECTION, TERMINATION, REMOVAL & DISPOSAL OF THEIR RESPECTIVE TRADES. EXISTING ELECTRICAL CIRCUITS NOT TO BE REUSED SHALL BE REMOVED BACK TO PANELS. DUCTWORK NOT TO BE REUSED SHALL BE REMOVED BACK TO MAIN. THE GENERAL CONTRACTOR SHALL COORDINATE ALL DEMOLITION WORK AMONG MECHANICAL, ELECTRICAL, AND PLUMBING TRADES.
- REFER TO SELECTIVE DEMOLITION SPECIFICATION SECTION. 13. COORDINATE INSTALLATION & RELOCATION OF NEW & EXISTING WALL & CEILING MOUNTED ELECTRICAL & EMERGENCY EQUIPMENT INCLUDING BUT NOT LIMITED TO: FIRE ALARM PULL STATIONS, AUDIO & VISUAL ALARMS, FIRE
- EXTINGUISHERS, EMERGENCY LIGHTING, SWITCHES, OUTLETS, & MECHANICAL CONTROLS, 14. PATCH, REPAIR AND PREPARE ALL WALLS AS NECESSARY TO ACCEPT NEW FINISHES.



DRAWING NUMBER:

# NOTES, SYMBOLS & ABBREVIATIONS

DRAWING NAME:	

NO:	DATE:	DESCRIPTION:
Revisions		
PROJECT	NUMBER:	2200261
DRAWN B	Y:	STAFF
REVIEWE	D BY:	JR
ISSUED FOR: DSG-01 - SD SUBMISSION		
DATE:		03/05/21
DRAWING		

**199-203 PARK CLUB LANE CAMPUS EXPANSION** 199-203 Park Club Lane Buffalo, NY 14221



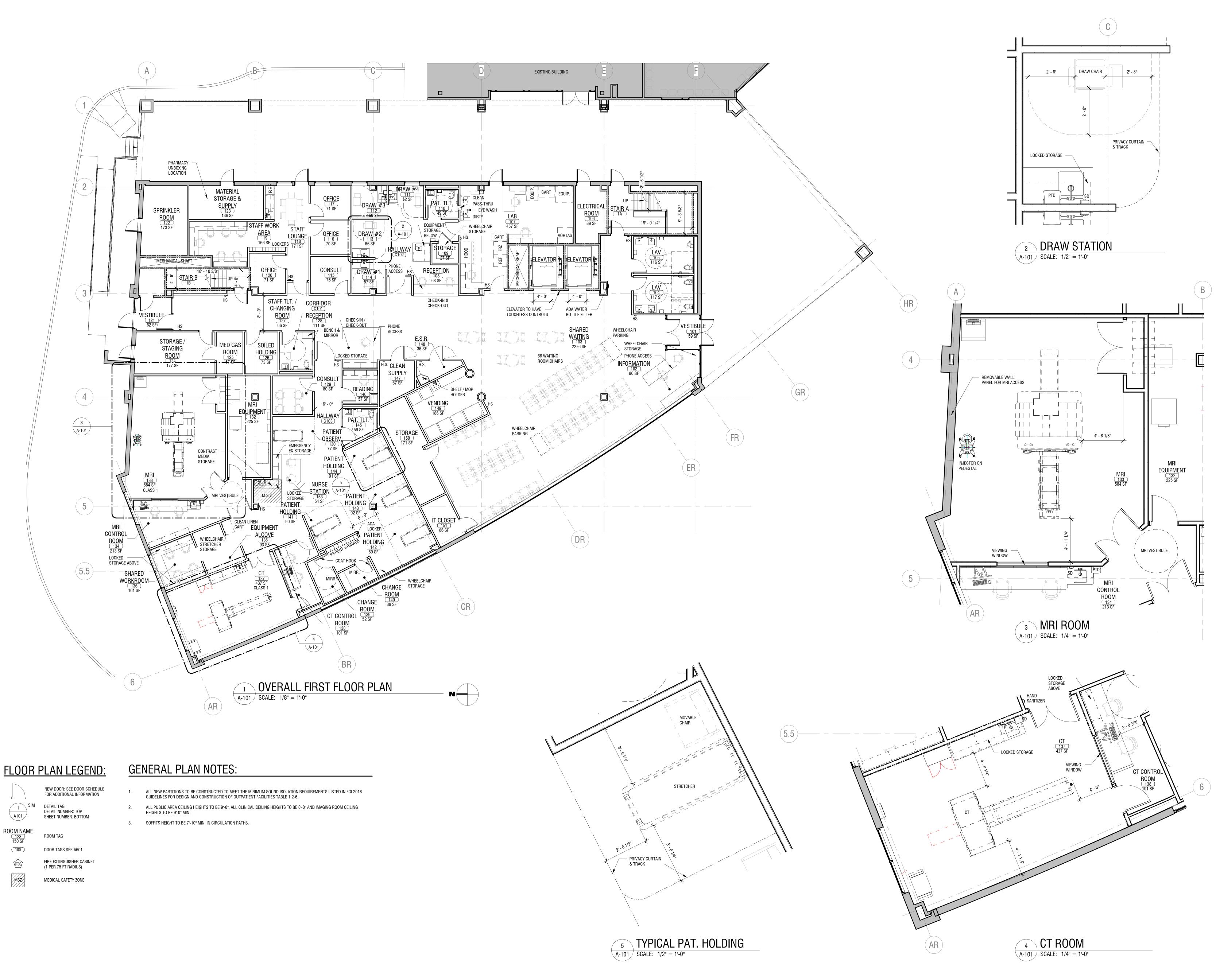


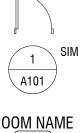
PARK

MPREHENSIVE CANCER CENTER

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alteration.







DRAWING NUMBER:

# **OVERALL FIRST FLOOR PLAN & ENLARGED PLANS**

DRAWING NAME:	

NO: DATE:

Revisions	
PROJECT NUMB	ER: 2200261
DRAWN BY:	JH
REVIEWED BY:	JR
ISSUED FOR:	DSG-01 - SD SUBMISSION
DATE:	03/05/21

DESCRIPTION:

199-203 PARK CLUB LANE CAMPUS EXPANSION 199-203 Park Club Lane Buffalo, NY 14221

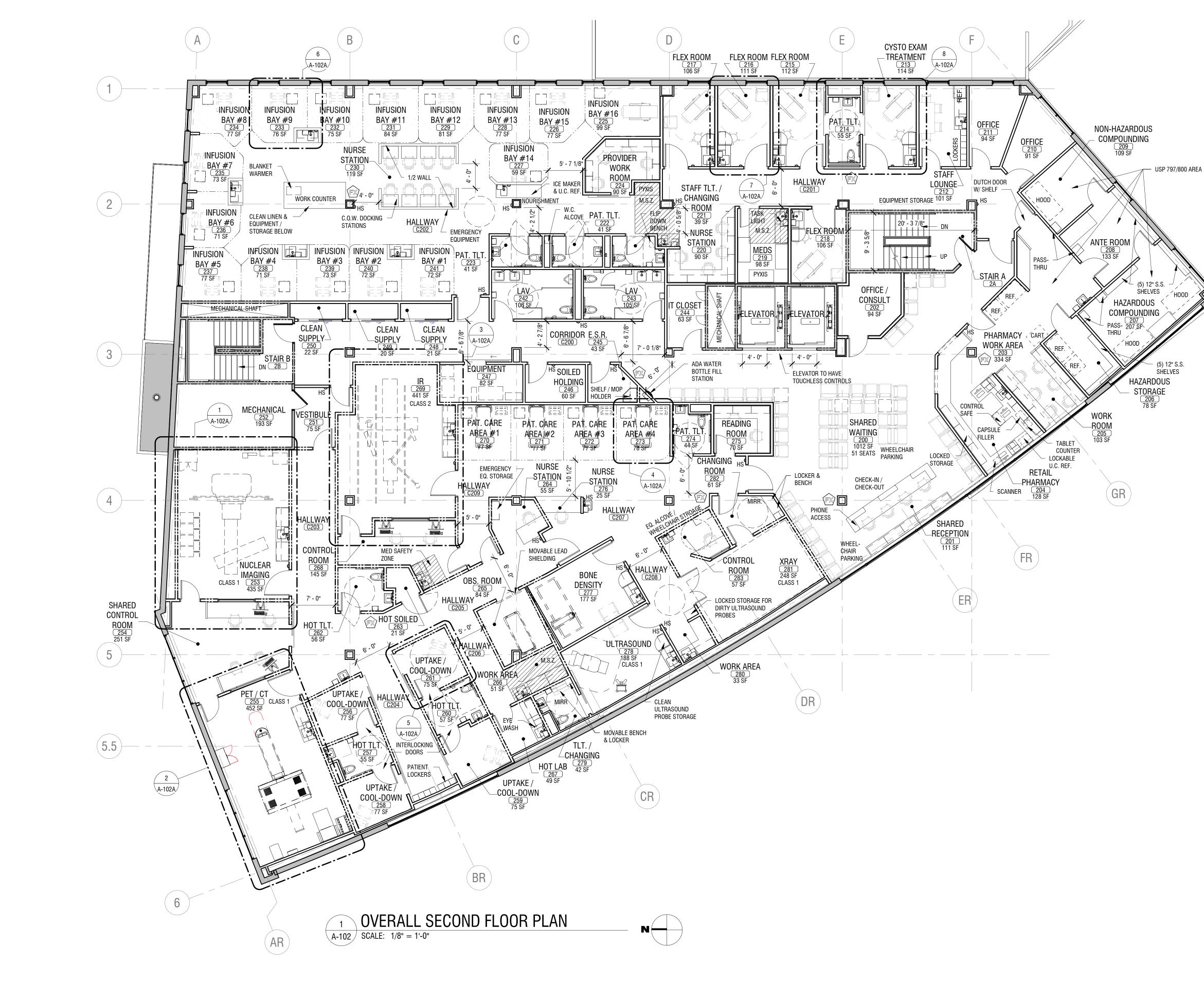


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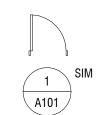
Corporation

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# FLOOR PLAN LEGEND:



ROOM NAME

(<u>123</u>) 150 SF

(100)

FX

MSZ

NEW DOOR: SEE DOOR SCHEDULE FOR ADDITIONAL INFORMATION 1 SIM DETAIL TAG: DETAIL NUMBER: TOP SHEET NUMBER: BOTTO SHEET NUMBER: BOTTOM

> ROOM TAG DOOR TAGS SEE A601 FIRE EXTINGUISHER CABINET (1 PER 75 FT RADIUS) MEDICAL SAFETY ZONE

# GENERAL PLAN NOTES:

- ALL NEW PARTITIONS TO BE CONSTRUCTED TO MEET THE MINIMUM SOUND ISOLATION REQUIREMENTS LISTED IN FGI 2018 GUIDELINES FOR DESIGN AND CONSTRUCTION OF OUTPATIENT FACILITIES TABLE 1.2-6. ALL PUBLIC AREA CEILING HEIGHTS TO BE 9'-0", ALL CLINICAL CEILING HEIGHTS TO BE 8'-0" AND IMAGING ROOM CEILING HEIGHTS TO BE 9'-0" MIN.
- 3. SOFFITS HEIGHT TO BE 7'-10" MIN. IN CIRCULATION PATHS.

HOOD (5) 12" S.S.
 SHELVES (HR)



DRAWING NUMBER:

# **OVERALL SECOND FLOOR** PLAN

NO:	DATE:	DESCRIPTION:
Revisions		
PROJECT	NUMBER:	2200261
DRAWN B	Y:	JH
REVIEWED	) BY:	JR
ISSUED FO		01 - SD SUBMISSION
DATE:		03/05/21
DRAWING	NAME:	

199-203 PARK CLUB LANE CAMPUS EXPANSION 199-203 Park Club Lane Buffalo, NY 14221



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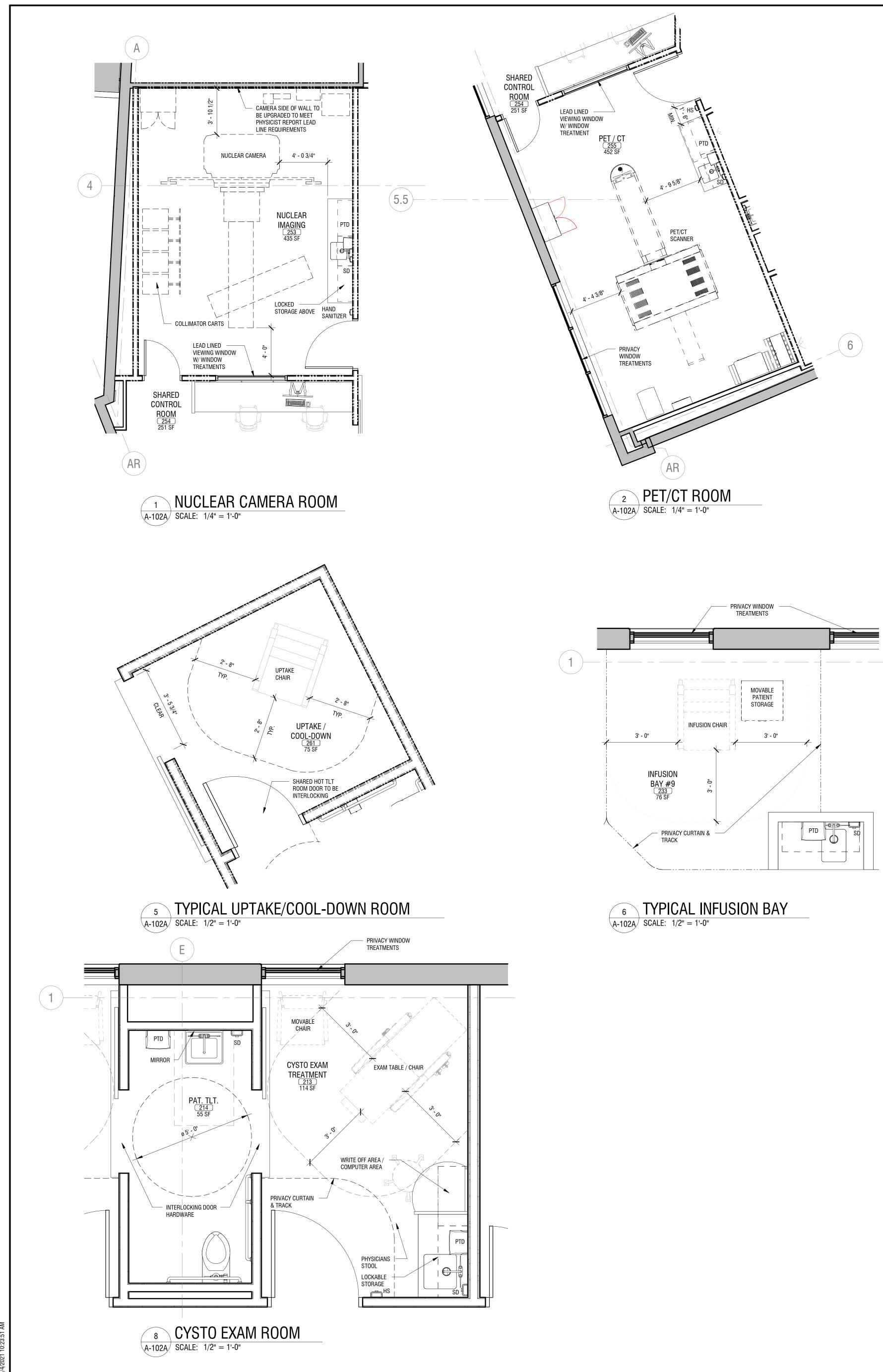
It is a violation of New York Education Law It is a violation of New York Education Law Article 145 Sec.7209, for any person, unless acting under the direction of a licensed architect, professional engineer, or land surveyor, to alter an item in any way. If an item bearing the seal of an architect, engineer, or land surveyor is altered; the altering architect, engineer, or land surveyor shall affix to the item their seal and notation "altered by" followed by their signature and date of such followed by their signature and date of such alteration, and a specific description of the alteration.

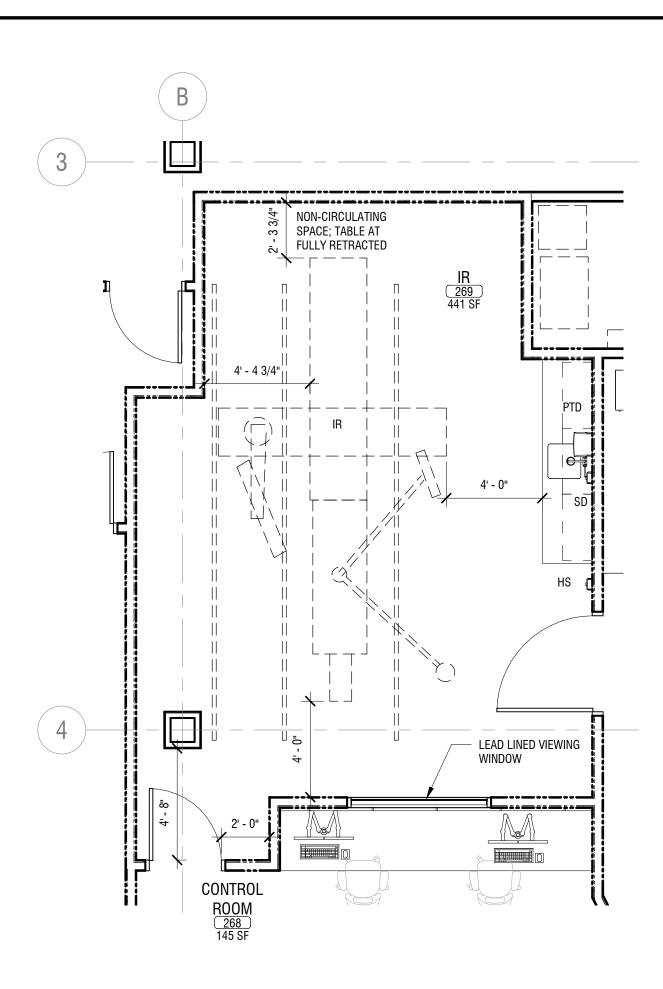
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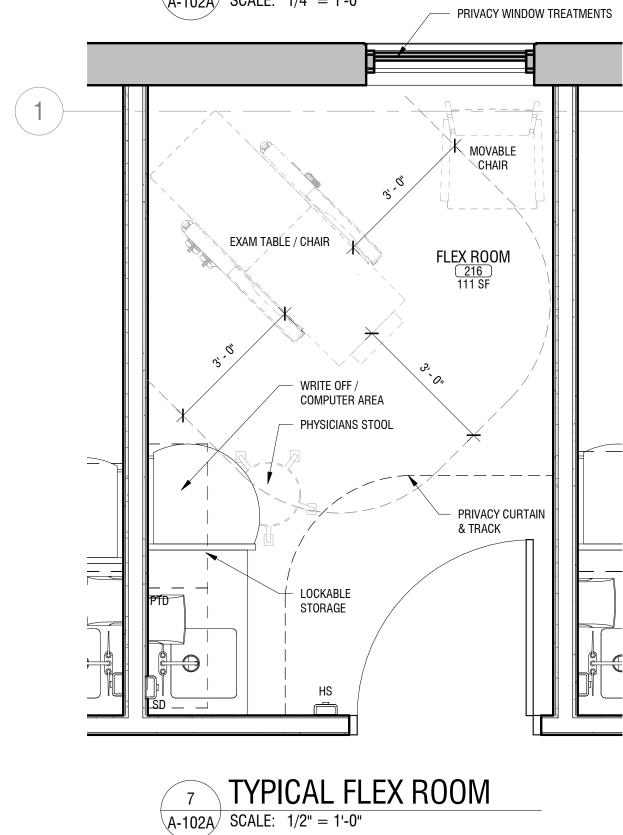
300 Pearl Street, Suite 130

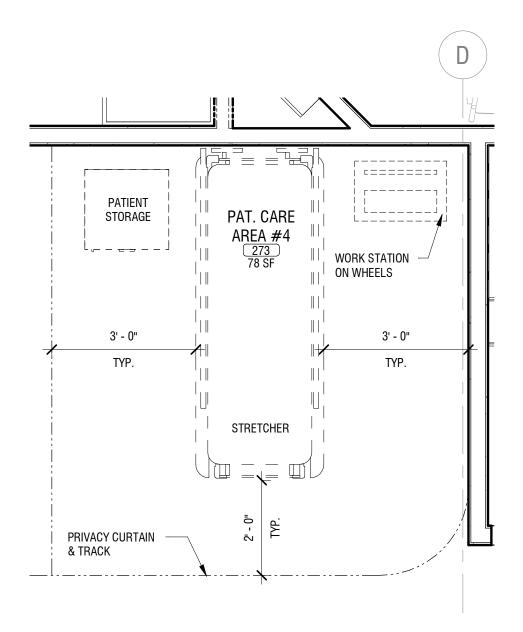
Buffalo, NY 14202





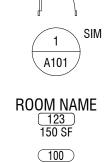
<sup>3</sup> IR ROOM A-102A SCALE: 1/4" = 1'-0"





4 **TYPICAL PATIENT CARE AREA** A-102A SCALE: 1/2" = 1'-0"

# FLOOR PLAN LEGEND:



FX

MSZ

NEW DOOR: SEE DOOR SCHEDULE FOR ADDITIONAL INFORMATION 1 SIM DETAIL TAG: DETAIL NUMBER: TOP SHEET NUMBER: BOTTOM

> ROOM TAG DOOR TAGS SEE A601 FIRE EXTINGUISHER CABINET (1 PER 75 FT RADIUS)

> > MEDICAL SAFETY ZONE

GENERAL PLAN NOTES:

- 1. ALL NEW PARTITIONS TO BE CONSTRUCTED TO MEET THE MINIMUM SOUND ISOLATION REQUIREMENTS LISTED IN FGI 2018 GUIDELINES FOR DESIGN AND CONSTRUCTION OF OUTPATIENT FACILITIES TABLE 1.2-6.
- ALL PUBLIC AREA CEILING HEIGHTS TO BE 9'-0", ALL CLINICAL CEILING HEIGHTS TO BE 8'-0" AND IMAGING ROOM CEILING
- HEIGHTS TO BE 9'-0" MIN.
- 3. SOFFITS HEIGHT TO BE 7'-10" MIN. IN CIRCULATION PATHS.



DRAWING NUMBER:

# ENLARGED SECOND FLOOR PLANS

NO:	DATE:	DESCRIPTION:
Revisions		
PROJECT	NUMBER:	2200261
DRAWN E	YY:	JH
REVIEWE	D BY:	JR
ISSUED FOR: DSG-01 - SD SUBMISSION		
DATE:		03/05/21

199-203 PARK CLUB LANE CAMPUS EXPANSION 199-203 Park Club Lane Buffalo, NY 14221



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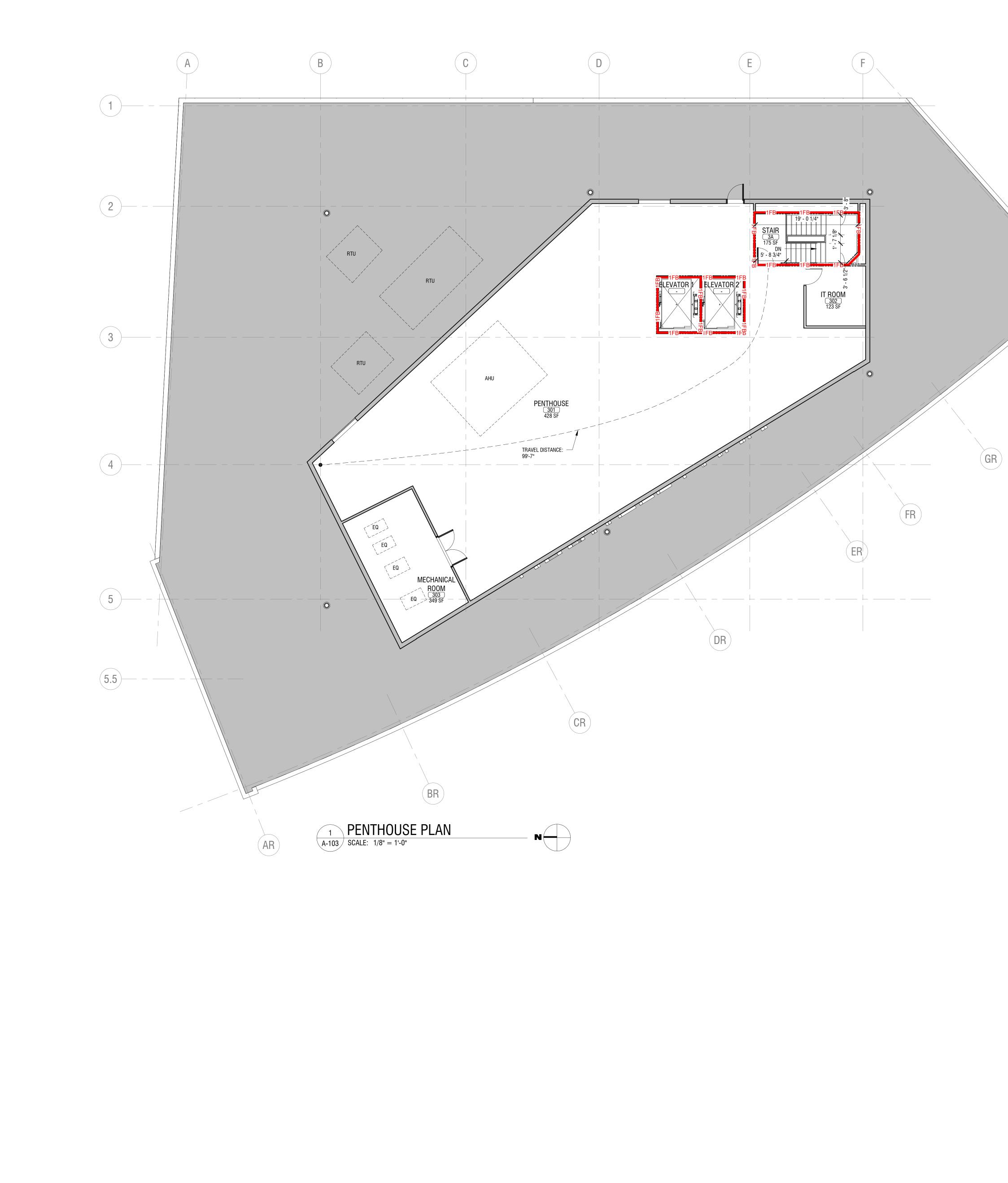
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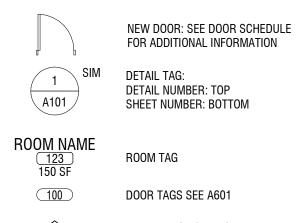
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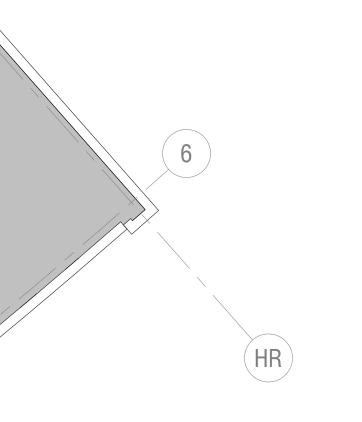
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# FLOOR PLAN LEGEND:



FX FIRE EXTINGUISHER CABINET (1 PER 75 FT RADIUS) MSZ MEDICAL SAFETY ZONE





DRAWING NUMBER:

# **OVERALL PENTHOUSE** PLAN

NO:	DATE:	DESCRIPTION:
Revisions		
PROJECT	NUMBER:	2200261
DRAWN B	Y:	JH
REVIEWE	) BY:	JR
ISSUED FO		01 - SD SUBMISSION
DATE:		03/05/21
DRAWING	NAME:	

199-203 PARK CLUB LANE CAMPUS EXPANSION 199-203 Park Club Lane Buffalo, NY 14221



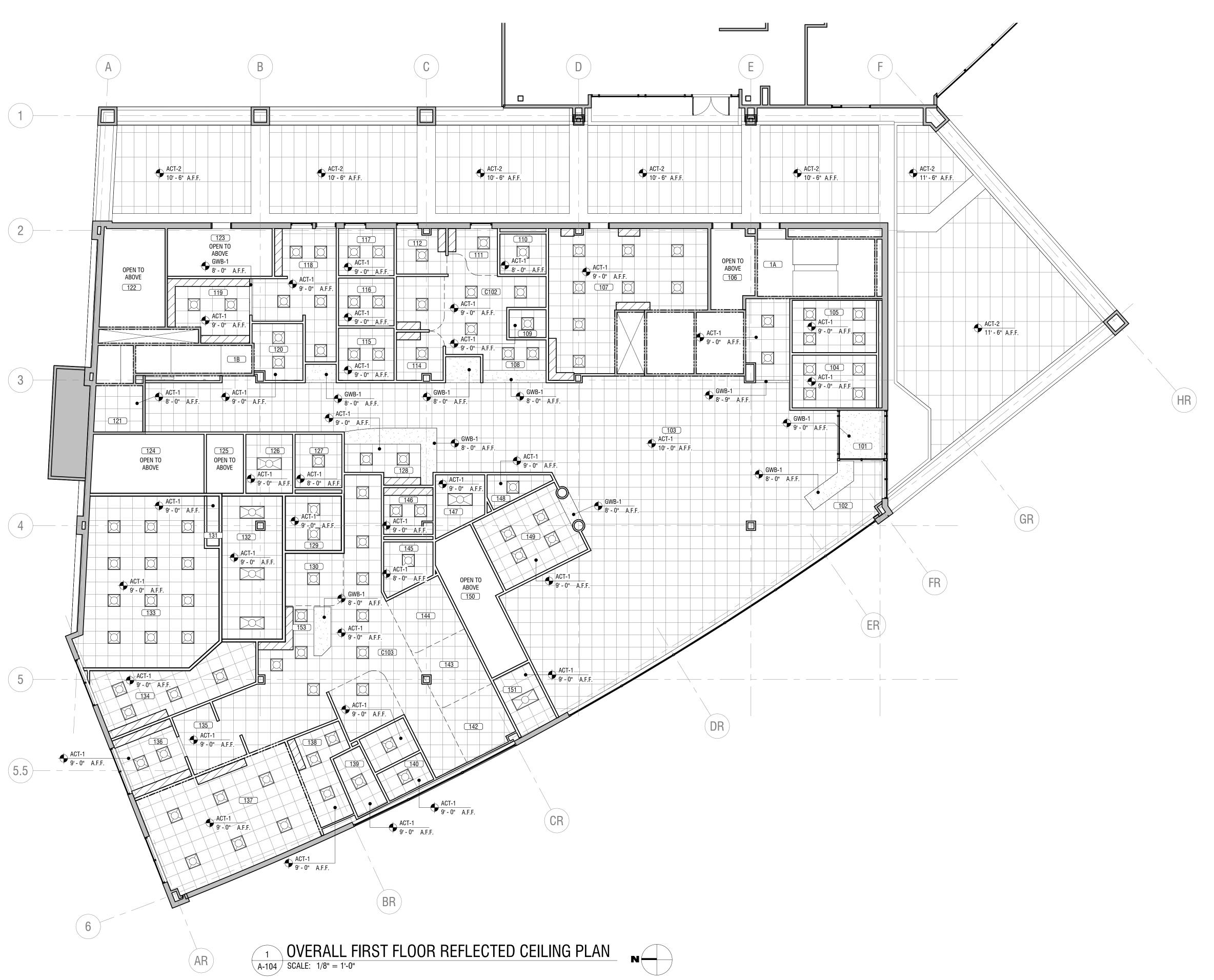
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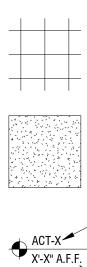
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# REFLECTED CEILING PLAN LEGEND:



2' X 2' CEILNG TILE & GRID SYSTEM

GYPSUM WALL BOARD CEILING PAINTED WHITE

- CEILING TYPE CEILING TAG CEILING HEIGHT

# CEILING TYPES:

ACT-1	2' X 2' NON-TEGULAR ACOUSTICAL CEILING TILE & GRID SYSTEM
ACT-2	2' X 4' EXTERIOR GYPSUM BOARD TILE & GRID.
ACT-3	A.C.M. PANEL AND ALUMINUM EXTRUSION SOFFIT
GWB-1	GYPSUM WALL BOARD CEILING & USG DRYWALL SUSPENSION SYSTEM; PAINTED WHITE



DRAWING NUMBER:

# OVERALL FIRST FLOOR Reflected Ceiling Plan

DATE:	03/05/
DRAWING NAME:	

NO: DATE:

Revisions

PROJECT NUME	BER: 2200261
DRAWN BY:	JH
REVIEWED BY:	WH
ISSUED FOR:	DSG-01 - SD SUBMISSION
DATE:	

DESCRIPTION:

199-203 PARK CLUB LANE CAMPUS EXPANSION 199-203 Park Club Lane Buffalo, NY 14221

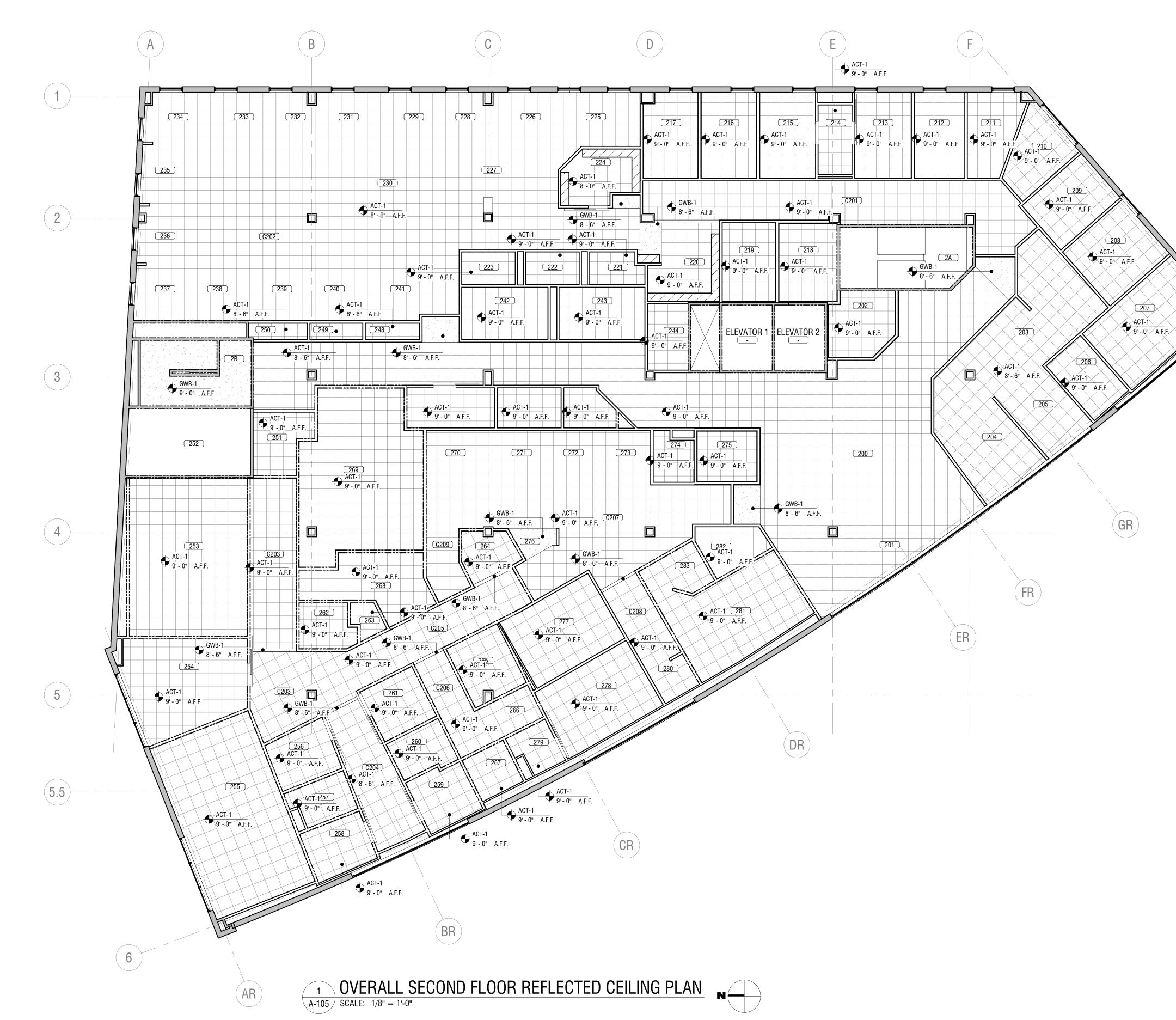


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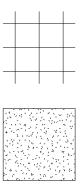
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# **REFLECTED CEILING PLAN LEGEND:**



2' X 2' CEILNG TILE & GRID SYSTEM

GYPSUM WALL BOARD CEILING PAINTED WHITE

### CEILING TYPE ACT-X X'-X" A.F.F. CEILING HEIGHT

# CEILING TYPES:

ACT-1	2' X 2' NON-TEGULAR ACOUSTICAL CEILING TILE & GRID SYSTEM
ACT-2	2' X 4' EXTERIOR GYPSUM BOARD TILE & GRID.
ACT-3	A.C.M. PANEL AND ALUMINUM EXTRUSION SOFFIT

A.C.M. PANEL AND ALUMINUM EXTRUSION SOFFIT GYPSUM WALL BOARD CEILING & USG DRYWALL SUSPENSION SYSTEM; PAINTED WHITE GWB-1

HR



DRAWING NUMBER:

# OVERALL SECOND FLOOR Reflected ceiling plan

DRAWING	NAME:

	DATE:	DESCRIPTION:
Revisions		
PROJECT	NUMBER:	2200261
DRAWN BY	<i>(</i> :	JH
REVIEWED	BY:	
		WH
ISSUED FO		01 - SD SUBMISSION
DATE:		03/05/21
		03/03/21

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# Roswell Park -- 199-203 Park Club Lane Campus

Summary							
		FLOOR		PROGRAM	ACTUAL PROPOSED FLOOR PLAN	TOTAL	
		NO.	NO.	NSF	GSF	GSF	COMMENTS
Suite							
Common Area		1st	1	2,849	3,463		
Building Support Space		1st	1	859	1,141		
Phlebotomy		1st	1	837	1,041		
CT/ MRI		1st	1	2,557	3,315		
Administration		1st	1	685	765		
Common Area		2nd	1	1,334	1,758		
Building Support Space		2nd	1	453	698		
Diagnosic Imaging/ Nuclear Med		2nd	1	3,710	5,690		
Infusion		2nd	1	2,615	4,113		
Pharmacy		2nd	1	1,187	1,236		
Suite Subtotal				17,086	23,220		Program Space
Usable Building SF							Actual Usable Area (Tenant Interior Fit-out)
Circulation Space						8,582	Usable Area minus Program Space
Grossing Factor	0.50						Calculated Factor for Building

	PROPOSED	PROPOSED	TOTAL	
SUITE: COMMON AREA (1ST Floor)	NO.	NSF	NSF	COMMENTS
Common Areas				
Shared Waiting	1	2,300		
Information Desk	1	87		perhaps shared with Security
Public Toilets	2	116		
Vestibules	2	59	118	
Reception	1	112	112	
			-	
SUITE NET SUBTOTAL				Program Required Space
NET TO GROSS FACTOR	0.20		570	Circulation Goal
SUITE GROSS SQ FT			3,419	SubTotal Space for Common Area
	PROPOSED	PROPOSED	TOTAL	
SUITE: BUILDING SUPPORT (1ST Floor)	NO.	NSF	NSF	COMMENTS
Building Support Areas				
Sprinkler Room	1	171	171	
Electrical Room	1	88	88	
Med Gas Room	1	55	55	
Environmental Services	1	36	36	
Material Storage & Supply	1	136	136	
Storage/ Staging Room	1	167	167	
Clean Supply	1	67	67	
Soiled Holding	1	73	73	
IT Closet	1	66	66	
			-	
SUITE NET SUBTOTAL			859	Program Required Space
NET TO GROSS FACTOR	0.20		172	Circulation Goal
SUITE GROSS SQ FT			1,031	SubTotal Space for Building Support Space

	PROPOSED	PROPOSED	TOTAL	
SUITE: PHLEBOTOMY (1ST Floor)	NO.	NSF	NSF	COMMENTS
Clinical Areas				
Draw Station	4	59	236	
			-	
Clinical Support Areas				
Patient Toilet	1	49	49	
Lab	1	458	458	
Storage	1	27	27	
Staff Areas				
Reception	1	67	67	
			-	
SUITE NET SUBTOTAL			837	Program Required Space
NET TO GROSS FACTOR	0.30		251	Circulation Goal
SUITE GROSS SQ FT			1,088	Total Space for Phlebotomy

	PROPOSED	PROPOSED	TOTAL	
SUITE: CT / MRI (1ST Floor)	NO.	NSF	NSF	COMMENTS
Clinical Areas				
Consult Room	1	82	82	
Patient Observation	1	77	77	
Patient Holding (Pre/Post)	4	91	364	
CT Scan	1	431	431	
CT Control Room	1	102	102	
MRI Scan	1	579	579	
MRI Control Room	1	211	211	
Clinical Support Areas			-	
Patient Toilet	1	59	59	
Soiled Holding	0		-	Included in Building Support Area calculation; Shared with Phlebotomy
Clean Supply	0	67	-	Included in Building Support Area calculation; Shared with Phlebotomy
Nurse Station	1	81	81	
Changing Room	2	46	91	
Read Room	1	56	56	
Workroom	1	99	99	
Equipment Alcove	1	93	93	
MRI Equipment Room	1	232	232	
Staff Areas			-	
Reception	0	112	_	Included in Common Area calculation
Staff Toilet	0		-	Included in Admin calculation; Shared with Phlebotomy, Admin
			-	
SUITE NET SUBTOTAL			2,557	Program Required Space
NET TO GROSS FACTOR	0.30		767	Circulation Goal
SUITE GROSS SQ FT			3,324	Total Space for CT/ MRI

	PROPOSED	PROPOSED	TOTAL	
SUITE: ADMINISTRATION (1ST Floor)	NO.	NSF	NSF	COMMENTS
Common Areas				
Staff Lounge	1	171	171	
Staff Work Area	1	162	162	
Office	3	70	210	
Consult Room	1	76	76	
Staff Toilet/ Changing Room	1	66	66	
			-	
SUITE NET SUBTOTAL			685	Program Required Space
NET TO GROSS FACTOR	0.20		137	Circulation Goal
SUITE GROSS SQ FT			822	SubTotal Space for Administration

	PROPOSED	PROPOSED	TOTAL	
SUITE: COMMON AREA (2ND Floor)	NO.	NSF	NSF	COMMENTS
Common Areas				
Shared Waiting Area	1	1,003	1,003	
Shared Reception	1	119	119	
Public Toilets	2	106	212	
			-	
SUITE NET SUBTOTAL			1,334	Program Required Space
NET TO GROSS FACTOR	0.20		267	Circulation Goal
SUITE GROSS SQ FT			1,601	SubTotal Space for Common Area
	PROPOSED	PROPOSED	TOTAL	
SUITE: BUILDING SUPPORT (2ND Floor)	NO.	NSF	NSF	COMMENTS
Building Support Areas				
Mechanical Room	1	176	176	
Soiled Holding	1	60	60	
Clean Supply	3	17	51	
Environmental Service Room	1	43	43	
IR Equipment Room	1	60	60	
IT Room	1	63	63	
			-	
SUITE NET SUBTOTAL			453	Program Required Space
NET TO GROSS FACTOR	0.20		91	Circulation Goal
SUITE GROSS SQ FT			544	SubTotal Space for Building Support Space

	PROPOSED	PROPOSED	TOTAL	
SUITE: DIAGNOSTIC IMAGING/	NO.	NSF	NSF	COMMENTS
NUCLEAR MEDICINE (2ND Floor)				
Clinical Areas				
Nuclear Med Scan	1	436	436	
PET/CT Scan	1	449	449	
Control Room	1	249		Shared for both Scan Rooms
IR Scan	1	440	440	
IR Control Room	1	147	147	
Uptake/ Cool Down Room	4	75	301	Direct Access from Uptake
Uptake Toilet	2	56	112	
Work Area	1	53	53	
PET Observation Bay	1	84	84	
Bone Density (DEXA)	1	177	177	
Ultrasound Exam	1	188	188	
Ultrasound Toilet	1	42	42	Direct Access from Ultrasound
IR Patient Holding (Pre/Post)	4	77	308	
X-Ray Scan	1	248	248	
X-Ray Control Room	1	57	57	
			-	
Clinical Support Areas				
Hot Patient Toilet (PET/ Nuc)	1	57	57	
Hot Soiled Holding	1	21	21	
Hot Lab	1	49	49	
PET/ Nuc Nurse Station	1	55	55	
IR Nurse Station	1	25	25	
IR Work Area	1	33	33	
Patient Toilet (IR)	1	44	44	
Changing Room	1	61	61	
Read Room	1	74	74	
IR Equipment Room	0	82	-	Included in Building Support Area calculation
Soiled Holding	0	60	-	Included in Building Support Area calculation
Clean Supply	0	71	-	Included in Building Support Area calculation
			-	
Staff Areas				
			-	
SUITE NET SUBTOTAL			3,710	Program Required Space
NET TO GROSS FACTOR	0.40			Circulation Goal
SUITE GROSS SQ FT				Total Space for Diagnostic Imaging/ Nuclear Medicine

	PROPOSED	PROPOSED	TOTAL	
SUITE: INFUSION (2ND Floor)	NO.	NSF	NSF	COMMENTS
Clinical Areas				
Infusion Bay	16	75	1,200	
Flex Room	4	108	432	Used for either Infusion treatment or Exam Room
Cysto Exam/ Treatment Room	1	112	112	
Cysto Toilet	1	55	55	
			-	
Clinical Support Areas				
Nurse Station	2	104	208	
Medications Room	1	97	97	
Patient Toilet	2	41	82	
Soiled Holding	0		-	Included in Building Support Area calculation; shared with Diag. Imaging
Clean Supply	0		-	Included in Building Support Area calculation; shared with Diag. Imaging
Nourishment Station	1	16	16	
			-	
Staff Areas				
Provider Work Room	1	90	90	
Office	2	92	184	
Staff Lounge	1	100	100	
Staff Toilet/ Changing Room	1	39	39	
			-	
SUITE NET SUBTOTAL			2,615	Program Required Space
NET TO GROSS FACTOR	0.40		1,046	Circulation Goal
SUITE GROSS SQ FT			3,661	Total Space for Infusion

	PROPOSED	PROPOSED	TOTAL	
SUITE: PHARMACY (2ND Floor)	NO.	NSF	NSF	COMMENTS
Clinical Areas				
Hazardous Compounding	1	205	205	
Non-Hazardous Compounding	1	108	108	
Ante Room	1	132	132	
			-	
Clinical Support Areas				
Hazardous Storage	1	80	80	
Office/ Consult Room	1	91	91	
Retail Pharmacy Area				
Retail Pharmacy	1	129	129	
Pharmacy Work Area	1	339	339	
Work Room	1	103	103	
SUITE NET SUBTOTAL			1,187	Program Required Space
NET TO GROSS FACTOR	0.30		356	Circulation Goal
SUITE GROSS SQ FT			1,543	Total Space for Pharmacy



#### **ARCHITECTURAL NARRATIVE 6:**

DATE:	March 17, 2021						
APPLICANT:	Roswell Park Comprehensiv	ve Cancer Center					
CON NUMBER:	(to be assigned)						
PROJECT:	199-203 Park Club Lane Ca	mpus Expansion					
LOCATION:	199 Park Club Lane, Buffalc	) (Amherst), NY 14221 ( <u>Exten</u>	ision site— <b>Erie</b> County);				
	Elm & Carlton Streets, Buffa	Elm & Carlton Streets, Buffalo, NY 14263 (Main Site – Erie County)					
SUBJECT:	Architectural Narrative	Architectural Narrative					
IN SUPPORT OF:	Request for Administrative	Request for Administrative Review, Architect Certification for AER Review					
OCCUPANCY	Business (B); NFPA 101: Ch	apter 38 Business					
CONSTRUCTION TYPE	IBC – IIB; 2-Story (w/ NFPA Type II (000) Fully Sprinklered						
	Penthouse)						
FLOOD ZONE	Located in Zone X– Minimal Flood Hazard (see FEMA Firmette)						

#### **INTENT/PURPOSE:**

**General:** Roswell Park Comprehensive Cancer Center intends to consolidate their existing outpatient services, including Chemoinfusion in Amherst, NY, to a new extension site from its main Hospital. The project scope is the complete tenant fit-out of an existing shell building totaling approximately 25,668 usable square feet over two (2) stories plus penthouse at roof level (41' height) above grade. Space will be leased to Roswell Park. The application follows the 2018 FGI Outpatient Facilities guidelines, specifically Chapter 2.1 "Common Elements for Outpatient Facilities"; also, it adheres to specific subsequent chapters related to the function as stated within. Patients of Size will be accommodated throughout the new facility. Please reference the provided DSG-1.0 schematic drawing (SD) package with proposed floor plans for further information.

**Diagnostic Imaging:** Roswell is adding the following imaging services to the facility: MRI, CT, PET/CT, Nuclear Medicine, Interventional Radiology, Ultrasound, and X-ray. Two separate suites will accommodate these services – the MRI/CT suite (3,315 SF) and the Diagnostic Imaging suite (5,690 SF) which handles the remaining imaging services mentioned. All imaging rooms will be classified as Class 1 Imaging Rooms, except the IR, which is designed as a Class 2 Imaging Room, furnished with Med Gas requirements. Minor procedures such as Ultrasound biopsies and needle work will take place here; no general anesthesia is anticipated. The design of the two separate suites are following the 2018 FGI Chapter 2.1-3.5 "Imaging Services" and Chapter 2.2-3.5 "Imaging Facilities".

**Chemo-Infusion:** Roswell is moving their oncology infusion services to this 4,113 SF suite, including (16) infusion bays, four (4) flex rooms--capable of handling infusion treatments or exams, one (1) Cystoscopy exam room and support spaces. There is no requirement need for an isolation room. The area is being designed under 2018 FGI chapter 2.6 "Special Requirements for Infusion Center" in the Outpatient Facilities guide.

**Phlebotomy (Blood Draw):** Also moved to this outpatient facility is a 1,041 SF suite for Blood Draw services. Four (4) draw stations and a lab are designed for use. 2018 FGI Section 2.1-4.1.8.2(3) "Specimen Collection" is the reference used for design of suite services.

**Pharmacy (Infusion + Retail):** An estimated 1,236 SF Pharmacy mainly serving the Infusion unit, processing hazardous pharmaceuticals, is included in the project and designed with reference to 2018 FGI Chapter 2.1-

4.2 "Pharmacy Services". The cleanroom Primary and Secondary engineering controls will meet USP <797> and USP <800> standards and designed with reference to 2018 FGI. Primary Engineering Controls for Bio-Safety Cabinet and laminar airflow will meet ISO level 5 requirements, and the cleanroom Secondary Engineering Controls will meet ISO level 7 requirements.

A retail portion, adjacent to the cleanroom compounding suite will serve patients utilizing the facility, providing access to regular pharmaceutically-prescribed drugs for purchase.

**Public & Administrative Areas:** All public and administrative areas complementing the medical services spaces are designed utilizing 2018 FGI Outpatient Facilities Chapter 2.1-6 "Public and Administrative Areas".

#### **EXISTING / NEW PHYSICAL PLANT CONDITIONS IN AREA OF WORK:**

**General:** A rooftop penthouse will house equipment for building mechanical systems.

**Mechanical:** The primary HVAC system for the building is water source heat pumps with dedicated outdoor air system unit with heat recovery for ventilation. Gas fired condensing boilers in the penthouse are provided to supply heated propylene glycol to the heat pump loop and ventilation unit. An adiabatic evaporative cooler will reject heat from the heat pump loop. Ventilation air is supplied and conditioned by one indoor 9,000 CFM nominal heat recovery air handling unit located in the penthouse. Fire dampers are provided at each floor at the duct penetrations of ventilation air risers to the second and first floors. A DDC Energy Management System (EMS) is provided to control all loop equipment to maintain a 60 to 90 degree F. loop temperature, provide energy management, lighting control and other mechanical and electrical system monitoring and alarms. Electric heaters will be provided for the stairwells, entry vestibules and most service rooms for the building.

Individual zone heating and cooling will be supplied by heat pumps for the office spaces and medical suites. Typically, two or three small rooms will be on one heat pump. Dedicated treatment and imaging rooms will be on individual heat pumps. The heat pumps controls shall be connected to the building energy management system via BAC-Net communication. Each tenant heat pump shall be connected to the building shell heat pump loop. The Ventilation system ductwork shall be extended to each heat pump return air and have an individual balancing damper for each unit. Exhaust air for toilet rooms will be provided in the fit-out and will utilize the energy recovery unit. Special exhaust and cooling systems for medical equipment will also be installed for individual imaging spaces, and specialty treatment areas as required for the specific application.

Small electric heaters will provide heat in stairwells, vestibules and mechanical/electrical rooms. Gas unit heaters will heat the penthouse.

The compounding Pharmacy will have a dedicated AHU and Hood Exhaust system with controls to maintain air change rates, pressurization and filtration quality to comply with USP 797 and 800 standards.

**Plumbing:** A 4" domestic cold water service is provided to the building from the county main. Upon entering the building a meter and dual 2" RPZ backflow preventers are provided in a first floor mechanical space. The drain for the backflow preventers will exit the face of the building. A 3" domestic cold water main is provided to the penthouse with 2" taps and valves at each floor. Water pressure will be boosted in the water service room by a duplex water pumping system to ensure adequate water pressure for flush valve toilets. A 65 gallon domestic water heater with a hot water recirculation pump is provided in the Penthouse mechanical room for potable hot water. A 6" underground sewer main connected to the Amherst sewer system is extended into

the building for sanitary drains for sink and toilet facilities. Natural gas is provided from a street main and connected to a meter setting located near the facility. Gas piping connected to gas fired equipment used for the facility heat and domestic hot water. A single utility gas meter is provided for the entire facility. A 3" gas main runs from the meter to the penthouse for connection to the boilers and water heaters.

Domestic hot water, Hot water recirculation, domestic cold water, sanitary and vent piping will be provided from main risers to each plumbing fixture.

Medical gases consisting of oxygen and medical air will be provided via a tank system with changeover manifold. Medical vacuum will be provided via a small vacuum system in the penthouse. Outlets will be supplied in IR imaging room where required by guidelines.

**Electrical & EES:** A pad mounted, utility provided, transformer located on site, with an 800-amp, single metered service at 480Y/277 volt, 3-phase, 4-wire terminating into a switchboard located in the ground floor electrical room. This will serve tenant lighting, heat pumps, receptacles, miscellaneous equipment, etc. Various power panels will be installed to serve general tenant power and lighting loads.

One (1) 400kW diesel standby generator located on site will be supplied by a double walled fuel tank (8 hours run time) located on grade. The generator is sized to support life safety devices/equipment as well as select medical equipment with various power receptacles located throughout the floors. Emergency/stand-by power will be provided for: Egress lighting, fire alarm systems, generator accessories, one elevator, domestic water pump, select HVAC equipment to maintain building environment, IT equipment, select receptacles throughout space, select imaging equipment, additional lighting beyond emergency egress lighting. Electrical distribution panels and dry-type transformers will be located throughout the building, provided on each floor.

All lighting will be LED with energy saving lighting controls consisting of the following; tri-level or bi-level switching, occupancy sensor control, day-lighting controls and centrally time-controlled from the Building Management System (BMS). Tenant fit-out will meet the Building Standards for Lighting Controls. All interior and exterior illumination levels will meet the recommended illumination levels. All means of egress emergency lighting will be powered from the emergency source.

**Fire Protection:** A 6" fire water service is provided to the facility from the county water main located in the street. A double detector check valve assembly is also installed just inside the building wall to provide backflow protection for the fire protection water supply and is located on the First Floor An automatic wet type sprinkler system based on Light Hazard for office areas and on Ordinary Hazard Group 1 for mechanical areas of is provided on all floors with all valves and alarms in accordance with NFPA #13. The overhang areas on the first floor canopy spaces has dry type Ordinary Group 1, sprinkler systems including air compressor, valves and alarms in accordance with NFPA #13. Heads will be concealed pendant type in occupied areas and exposed upright in mechanical areas.

**Fire Alarm/ Nurse Call:** The fire alarm system will be a point addressable type and smoke detection in means of egress, storage areas, telephone equipment, Mechanical Rooms, Electrical Rooms, Elevator shaft, etc. Audible/Visual and visual only devices are provided in all public areas. Manual pull stations located at each exit door and on each exit stair per floor. Air handling unit supply and return duct smoke sensors to be provided along with return duct smoke sensors at each floor. Entire building will have one main addressable Fire Alarm Control Panel (FACP).

The <u>Nurse Call</u> system will consist of pull cord stations located in patient toilet rooms, patient holding beds and exam rooms. A dome light will be located above each door/entry at these areas. The system device will report to the respective Nurse Station on each floor. The design basis will be the Jeron Pro-Alert 640 Series.

#### IDENTIFY SPACES THAT ARE CONSIDERED MULTI-FUNCTION SPACE:

Throughout the facility plan you will see Waiting, Public Toilets, Break rooms, Clean & Soiled rooms and Environmental Service rooms shared among suites on each floor. All shared spaces fall under Roswell Park services.

WAIVERS: Roswell Park is NOT requesting any waivers for this project.

#### ARTICLE 28 SPACE ADJACENT TO NON-ARTICLE 28 SPACE:

The facility will be completely Article 28 compliant throughout for all medical services and public areas.

If you have any questions, please do not hesitate to contact us. As always, thank you for your assistance.

Sincerely,

Justin P Rueckel

Justin P Rueckel, AIA Architect & Senior Project Manager NYS License Number 037917-1

CC James Constantin, Roswell Park Comprehensive Cancer Center Sunita Panesar, Roswell Park Comprehensive Cancer Center Erik Wagner, Ciminelli Real Estate Corporation William Hovey, LaBella Associates Steven Parrish, LaBella Associates

# National Flood Hazard Layer FIRMette



#### Legend

regulatory purposes.

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT Without Base Flood Elevation (BFE) With BFE or Depth Zone AE, AO, AH, VE, AR SPECIAL FLOOD HAZARD AREAS **Regulatory Floodway** 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X Future Conditions 1% Annual Chance Flood Hazard Zone X Area with Reduced Flood Risk due to Levee. See Notes. Zone X OTHER AREAS OF FLOOD HAZARD Area with Flood Risk due to Levee Zone D NO SCREEN Area of Minimal Flood Hazard Zone X Effective LOMRs OTHER AREAS Area of Undetermined Flood Hazard Zone D GENERAL - - - Channel, Culvert, or Storm Sewer STRUCTURES IIIIII Levee, Dike, or Floodwall 20.2 Cross Sections with 1% Annual Chance 17.5 Water Surface Elevation AREA OF MINIMAL FLOOD HAZARD **Coastal Transect** Town of Amherst Base Flood Elevation Line (BFE) ~ 513~~~ 360226 Limit of Study Jurisdiction Boundary **Coastal Transect Baseline** \_ \_ \_ \_ OTHER Profile Baseline 36029 C0209 H FEATURES Hydrographic Feature eff.6/7/2019 **Digital Data Available** No Digital Data Available MAP PANELS Unmapped The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location. This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/9/2020 at 3:58:03 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time. This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, USGS The National Map: Orthoimagery. Data refreshed April, 2019. legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for 42°57'35.99"N 1:6,000 Feet unmapped and unmodernized areas cannot be used for

0 250

500

1,000

1,500

2,000

# EXHIBIT F Property Management Services: 203 Park Club Lane

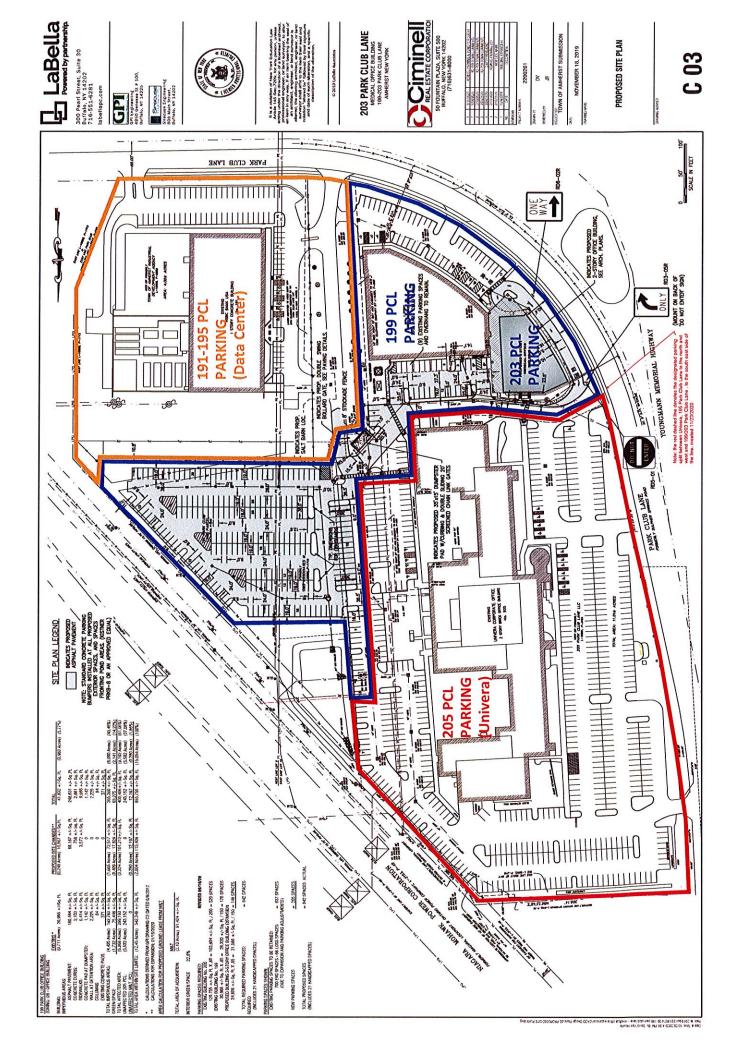
<u>Service</u>	CREC	RPCI	Comments
5 year capital planning	Exterior	Х	
Budget development	Exterior	Х	
Procurement services	Exterior	Х	
Insurance and liability transfer	Exterior	Х	
Asset Management	Exterior	х	
Vendor Management - Building systems		Х	
Vendor Management - Medical equipment		Х	
Project Management - Building projects	х		
Project Management - Tenent's projects		Х	
Technician response	Exterior	Х	
On-call emergency response	Exterior	Х	
Utility Management - Electricity		Х	
Utility Management - Gas		Х	
Utility Management - water and sewer)	х	х	Owner required to secure water/sewer
Landscape Maintenance	Х		
Lawn Treatments	x		RPCI to review/approve chemistry of treatments
Seasonal Flowers	Х		
Snow Contract management	Х		
Additional snow hauling	Х		
Trash Removal	Х		
Recycling Management	Х		
Window Cleaning	2 x year	Inside monthly	Estimated cost per cleaning is \$500 per cleaning or \$1,000 per year.
Janitorial Services common area		Х	
Janitorial Services in suites		Х	
Building Powerwashing	x		As needed, on exterior and walking surfaces
Elevator Repair		X	
Elevator Maintenance		<u> </u>	
HVAC Repair - Building systems		<u>x</u>	
HVAC Repair - Medical equipment systems		<u> </u>	
HVAC Maintenance - Building systems		X	Maintenance records avalable to CREC
HVAC Maintenance - Medical equipment systems		X	

Electrical Maintenance (excludes UPS systems)		x	Includes UPS maintenance. Maintenance records avalable to CREC
Generator Maintenance		Х	
Electrical Repair		X	
Roof Maintenance	X		
Roof Repair	X		
Plumbing Repair		Х	
Plumbing Maintenance		х	Maintenance records avalable to CREC
Fire Systems Repair		Х	
Fire Systems Maintenance		х	Maintenance records avalable to CREC
Fire Systems Inspection		Х	
Fire Alarm Monitoring		Х	
Fire Extinguisher inspections		Х	
Building Access Control		Х	
Tenant Security Systems		Х	
Locksmith/Door maintenance		Х	
Wall/Ceiling Maintenance		Х	
Glass & Window repairs	Х		
Pest Control Management	Exterior	Х	
Carpet & Flooring Repairs		Х	
Furniture Maintenance and Repairs		Х	
Exterior Bldg Maintenance Checks	Х		
Interior Lighting Checks		Х	
Lighting Replacements as needed		Х	
Grounds Maintenance	X		
Exterior Lighting Maintenance	X		
Parking Lot Maintenance	X		
Sidewalk Maintenance	Х		

#### EXHIBIT G

#### SITE PLAN - PARKING

[see attached]





COMMERCIAL

HUNT Commercial Real Estate 403 Main Street, Suite 400, Buffalo, New York 14203 Office: (716) 854-5943 • Fax: (716) 880-1549 • Web: HUNTcommercial.com

March 10, 2021

Shirley Johnson Chief Operating Officer Roswell Park Comprehensive Cancer Center Elm & Carlton Streets Buffalo, NY 14263

Re: Proposed hospital grade comprehensive cancer treatment center.

#### Dear Ms. Johnson:

I have been a commercial real estate broker in the Western New York Market for over 20 years. Over these years, I have observed rates for first generation medical office buildings in the following ranges:

Class A space: \$25.00 - \$35.00 per square foot Class B space: \$21.00 - \$25.00 per square foot Class C Space: \$12.00 - \$20.00 per square foot

These rates consider a typical medical office building and do not take into account hospital grade attributes. Given the level of quality proposed for the structure on 203 Park Club Lane along with the retail presence it creates with visibility on I-290, I would expect to see rates above \$35.00 per square foot on a triple net basis.

Please note that these are estimates based on current market conditions and may be subject to change based on the amount of construction costs and tenant improvement dollars given as part of any transaction.

If you require any additional information, please do not hesitate to contact me.

Sincerely,

3 mg el

Robert G. McDonnell Chief Operating Officer



### J.R. Militello Realty, Inc.

API GLOBAL 268 Main St Buffalo, NY 14202 (716) 856-2872 fax 856-2833

March 12, 2021

Ms. Shirley Johnson Chief Operating Officer Roswell Park Comprehensive Cancer Center Elm & Carlton Streets Buffalo, NY 14263

Re: Proposed hospital grade comprehensive cancer treatment center.

Dear Ms. Johnson:

I have been a commercial real estate broker in the Western New York Market for over 35 years. Over these years, I have observed rates for first generation medical office buildings in the following ranges:

Class A space: \$25.00 - \$35.00 per square foot Class B space: \$21.00 - \$25.00 per square foot Class C Space: \$12.00 - \$20.00 per square foot

These rates consider a typical medical office building and do not take into account hospital grade attributes.

Please note that these are estimates based on current market conditions and may be subject to change based on the amount of construction costs and tenant improvement dollars given as part of any transaction.

If you require any additional information, please do not hesitate to contact me.

Sincerely,

mell

James R. Militello SIOR President



Elm & Carlton Streets | Buffalo, NY 14263 1-800-ROSWELL (1-800-767-9355) RoswellPark.org | AskRoswell@RoswellPark.org

May 10, 2021

Bureau of Project Management, Division of Health Facility Planning New York State Department of Health Corning Tower Room 1842 Empire State Plaza Albany, New York 12237

To Whom It May Concern:

Roswell Park Comprehensive Cancer Center ("Roswell Park") is submitting this letter as a notification of closure of Roswell Park's Article 28 certified extension clinic located at 100 College Parkway, Williamsville, NY 14221. This clinic provides primary medical care (oncology) services and will be relocated 2.8 miles away to the campus of 199 Park Club Lane, Williamsville, NY as part of an Administrative Review Certificate of Need ("CON") application submitted to the New York State Department of Health.

Upon CON approval and project completion, all services currently provided at 100 College Parkway in Williamsville, NY, will move to the new location, as well as radiology services. This project will allow for the consolidation of critical oncology services within a single location to improve access to care for Roswell Park's cancer patients.

Prior to the closure of the extension clinic located at 100 College Parkway, patients receiving services at that location will be notified that they may continue their care with their current provider at Roswell Park's new clinic location on Park Club Lane or at another Roswell Park clinic. A draft of the notification letter to patients is enclosed.

Sincerely,

Sanding Jos

Shirley Johnson SVP & Chief Clinical Operating Officer

Enclosure (1)

Dear [Patient Name]:

We would like to share some exciting news with you — the Roswell Park Amherst Center is moving!

In an effort to provide improved access and coordination of care to you as a valued Roswell Park patient, we are opening in a new building at 199 Park Club Lane, Williamsville, NY. This new space — just 3 miles away from the current Amherst Center — will allow us to provide an expanded range of cancer care onsite, all within a welcoming, modern space, including new services such as certain radiology testing.

You can continue to receive your cancer treatment and see the same provider at this new location. All services offered at the Amherst Center will continue to be offered at the new location. If you would prefer, you also have the choice to continue your care at another Roswell Park location. Your care team will discuss your options with you upon scheduling your next appointment.

The planned opening date for the new center is DATE, YEAR. We are confident that you will find this location to be comfortable and convenient, and we are dedicated to making this as seamless of a transition as possible. If you have any questions at all, please do not hesitate to talk to your physician and care team at the Amherst Center.

Sincerely,