

**GLOUCESTER TOWNSHIP ZONING BOARD OF ADJUSTMENT
WEDNESDAY, MARCH 9, 2016**

Chairman McMullin called the meeting to order. Mr. Lechner read the commencement statement.

Roll Call:

Vice Chairman Simiriglia	Present
Mr. Bucceroni	Present
Mr. Scarduzio	Present
Mrs. Chiumento	Present
Mr. Rosati	Present
Mr. Acevedo	Absent
Mr. Treger	Present
Ms. Scully	Present
Chairman McMullin	Present

Chairman Simiriglia had the professionals sworn in:

Also Present: Mr. Anthony Costa, Zoning Board Solicitor

Mr. James Mellett, P.E., Churchill Engineering

Mr. Ken Lechner, Township Planner

Mr. Treger sits in for Mr. Acevedo.

MINUTES FOR ADOPTION

Zoning Board Minutes for Wednesday February 24, 2016.

A motion to approve the above mentioned minutes was made by Mrs. Chiumento and seconded by Mr. Scarduzio.

Roll Call:

Vice Chairman Simiriglia	Yes
Mr. Bucceroni	Yes
Mr. Scarduzio	Yes
Mrs. Chiumento	Yes
Mr. Rosati	Yes

Minutes Approved.

RESOLUTIONS FOR MEMORIALIZATION

#162009C
James & Bryce Nelson
Bulk C Variance
Block: 18306 Lot: 1

#162008C
Susan L. Fago
Bulk C Variance
Block: 16004 Lot: 1

#162006C
Lisa Crowley

Bulk C Variance
Block: 21002 Lot: 18

A motion to approve the above mentioned resolutions was made by Mr. Scarduzio and Seconded by Mr. Rosati.

Roll Call:

Vice Chairman Simiriglia	Yes
Mr. Bucceroni	Yes
Mr. Scarduzio	Yes
Mrs. Chiumento	Yes
Chairman McMullin	Yes

Resolutions Approved.

APPLICATIONS FOR REVIEW

#152041PMSFMSa1DM

1840 Peter Cheeseman Rd., LLC

Zoned: IN

Minor subdivision; preliminary & Final Major Site Plan: Use "D" Variance

Block: 14003 Lot: 13

Location: 1840 Peter Cheeseman Rd., Blackwood

Residential Healthcare Facility/ Drug & Alcohol Rehab Facility.

Mr. Plackter briefly reviews the application.

Mr. Costa swears in Mr. Bill O'Neil.

Mr. O'Neil is the founder/CEO/and majority share holder of RCA:

Mr. O'Neil received a letter stating the property was not zoned correctly for the additional homes after purchasing it. He went to court and settled the first half of the application and has had difficulties getting the second part approved.

Mr. O'Neil's' reads a definition of a Institutional District and a sanatorium.

A17- definitions of home for the aged, long term care facility, long term care facility which includes " skilled nursing and intermediate care."

A19 reads definition of IN district.

A14 read definition of residential.

A20 describes "reasonable accommodation" under US Federal law, NJ State Law and International Law.

Mr. O'Neil also read the definition of "unlawful discrimination" and continues to discuss the following:

- behavioral healthcare patients are considered disabled,

-discrimination of housing for the handicapped,

A23 no disabled person should be denied benefits of public entity or discrimination of entity.

- The United Nations and the rights of people with disabilities and undue accommodations.

Mr. O'Neil describes the interventions he has participated in and the need to travel thousands of miles for treatment. He states New Jersey is #1 in overdose deaths and Gloucester Township is #5 in the state.

Vice Chairman Simiriglia discusses with Mr. O'Neil about handicap people in a residential area and how they have the same rights as anyone else. Vice Chairman Simiriglia states we have to deal with our ordinances here in our town not across the world; the treatment center is permitted just not the residential component.

Mr. O'Neil states the residential buildings are part of the treatment.

Mr. Costa asks Mr. O'Neil if he is a planner.

Mr. O'Neil states "no".

Mr. Costa asks Mr. Plackter if he is a planner

Mr. Plackter states "no".

Mr. Costa documents that the property is zoned for the hospital component but the question is whether or not the "4 residential buildings" are permitted in an IN zone.

Mr. Costa discusses Mr. O'Neil's recent acquisition of Light House in reported in the paper. In the paper the Light House location was described as a "boutique hotel", why was it described as such.

Mr. O'Neil states the patient in the facility spends a lot of money and it is a term he uses with employees. He wants his patients to get the best 5 star hotel treatment. People who are treated better get better faster; respect and dignity for his patients.

Mr. Costa asks how many treatment centers he operates:

15 total: 3 in New England, 3 in Washington DC, 2 in Pennsylvania, 3 in New Jersey, and 1 in Northern Virginia.

Mr. Costa states none of these facilities have a residential component.

Mr. O'Neil states: correct but all will get this component.

Mr. Costa feels the board has been getting confusing answers to their questions, at the last meeting Dr. Carise couldn't answer how many patients would use the residence component.

Mr. O'Neil feels the questions were partial.

Mr. Costa asks Mr. O'Neil what percentage of patients would use the residential component .

Mr. O'Neil states they can't answer that question it's just not possible to predict. He states the behavioral healthcare patients are considered disabled and discusses the discrimination of housing for the handicapped. He wishes all his patients could stay 90 days.

Mr. Costa states their witnesses talk in generalities about the 125 bed hospital and the 192 bed/4 buildings.

Mr. Costa asks what the cost will be to stay in one of the 4 buildings.

Mr. O'Neil states about 600.00 dollars a night and states any patient can leave any facility.

Mr. Costa asks Mr. O'Neil if the patients can go to work and come back.

Mr. O'Neil states "yes" it is part of the treatment. He states his engineer was asked if the family will be staying in the facility. Mr. O'Neil has nothing against that, if a mother/father/sister/brother wants to sleep in a waiting room so they can check on their family member.

Mr. Costa states: A17 resolution from 1/13/2016 JP Christensen stated once the patient finished the in patient they could use the 192 bed step down (4 buildings) and go back and forth for the price of about 200.00 a night.

Mr. O'Neil states: In his opinion, it is a irrelevant question; if you go to the hospital you aren't asked how much you will spend per night; all care is voluntary.

Mr. Costa states the main concern was that these patients were receiving as little as 1 hour of treatment per week.

Mr. O'Neil states you wouldn't ask a hospital with these same questions.

Mr. Costa states the 37 bed facility was given.

Mr. O'Neil states because we sued the town.

Mr. Costa states that's not true: the zoning board didn't want the 300 apartments that were originally requested to go with the hospital. The residential use is not permitted in this the IN zone; the hospital has been consistently approved. The testimony by the witnesses has been inconsistent.

Mr. O'Neil feels his medical professionals were questioned like criminals.

Mr. Costa states this board has the right to ask any question when it comes to a use variance and incorrect zoning . This board has never denied the 37 to 150 bed hospital.

Chairman McMullin states Dr. Carise had stated the patients were not leaving the premises.

Mr. O'Neil states the patients can check out anytime; it's the law. Mr. O'Neil explains the "2nd chance program" and how work may be a part of it. They will do anything to help the patient succeed. He believes this group is discriminated against today, so they are trying to be innovative to do a better job, it's hard to explain.

Chairman McMullin shares his first hand experience with this disease in his own family.

Mr. Rosati would like to applaud Mr. O'Neil for doing what he's doing. This disease has touched many members of his own family too. He is worried about the court mandated patients though, his grandson lives near the proposed site.

- Mr. O'Neil states Camden County College (CCC) has one of the leading programs in addiction counseling. His facility doesn't take people who have a track record of hurting people. He is aiming for zero AMA and zero therapeutic discharges. Mr. O'Neil states he has plenty of apartment houses and doesn't need anymore. He just wants to treat this disease and being innovative helps them to keep up.
- Mrs. Chiumento states she isn't opposed to the facility; she has worked in mental health care for 25 years. She states when they initially asked if the patients would be drug tested after they came back the answer was no.
- Mr. O'Neil states they are tested but not thrown out if they fail a sobriety test.
- Mrs. Chiumento states the boards' questions are answered differently every time.
- Mr. O'Neil states his experts seem to get befuddled.
- Mrs. Chiumento states the board has asked if a patient can leave and one time it's a yes and another time it's a no.
- Mrs. O'Neil states by law patients can come and go.
- Mrs. Chiumento asks if there are any restrictions on the patients.
- Mr. O'Neil states they bring the patients places and places them in the 2nd chance program. He would like to buy a golf course and put 100 2nd chance patients to work. Mr. O'Neil continues: pilots and physicians have PHP health care plans; they get treatment or lose their license to practice or fly. Treating this disease is an art not a science but he feels the longer they stay the better the outcome will be for the patient. Even if they had everyone of their facilities open they couldn't put a dent in it; the "starts" with doctors prescriptions for kids teeth pain and sports injuries gets these kids hooked on these drugs. In his opinion we need to start suing these pharmaceutical companies that push these drugs.
- Mr. Scarduzio asks if these additional 4 buildings are supposed to be maintained by insurance companies; what if they don't want to pay for the 90 days, what do you do then?
- Mr. O'Neil states they utilization of distribution of parity has to be given to patients. Limiting the patient to 30 days is technically illegal. Mr. O'Neil uses a patient with cancer for 25 years as an example. They can't deny that cancer patient treatment and therefore that should go for behavioral patients too.
- Mr. Scarduzio asks what will happen if the insurance company says no.
- Mr. O'Neil states there is a scholarship fund and outside scholarship funds to help people pay. They will be an advocate with insurance companies for the patient. This is the only disease they have to beg for funding day by day. Blue Cross in Philadelphia is getting better and NJ side is trying to be a leader too (Cigna is mentioned). Banks can also provide financing for the patient. The world just doesn't seem to care about these patients.
- Mr. Bucceroni states the board approved the hospital originally. Mr. Bucceroni gives a family history fighting addiction which included his step brother, his son and close friend to Mr. O'Neil. He talks about the history of his step brother and his fight with drug addiction and how he was in and out of rehab. Mr. Bucceroni discusses failure rates of 90% after 30 days and 70% after 60 days. It's a failure if they relapse but the ultimate failure is death. Patients are discussed: they are going to come and go, poor ethics in patients, bracelets even if they just have a DUI, some come into court with drugs and Judge Trabosh will sentence them.
- Mr. O'Neil states they will accept non violent offenders and will not take violent offenders.
- Mr. Bucceroni discusses the location of the facility being very close to a college, a daycare, a middle school (C.W. Lewis) and how all the facts are taken into account.
- Mr. Treger states Phase I was approved and Phase II (the 4 buildings) was not.
- Mr. O'Neil discusses the interior of the 4 buildings: common room for treatment/ bedrooms/kitchen.
- Mr. Treger asks if Mr. O'Neil would build Phase I without Phase II.
- Mr. O'Neil financials has the whole project as collateral. It would be very difficult to unwind the financials. They had planned to take the money in stages.
- Mr. Bucceroni questions if the Lighthouse facility in Mays Landing, Atlantic County is a more rural setting.
- Mr. O'Neil states it's a more dense setting because it's 1 minute from a mall, some housing, and a prison: his facilities are quiet.

5 minute break:**Roll Call:**

Vice Chairman Simiriglia	Present
Mr. Bucceroni	Present
Mr. Scarduzio	Present
Mrs. Chiumento	Present
Mr. Rosafi	Present
Mr. Treger	Present
Ms. Scully	Present
Chairman McMullin	Present
Mr. Costa	Present
Mr. Mellett	Present
Mr. Lechner	Present

All Present.**PUBLIC PORTION:**

Mr. Dennis Palmer; Gloucester Township:

- Shared comments and concerns over the facility being near schools and parks,
- conflict of test and various scopes,
- testimony asked of unqualified experts by the board,
- Dr. Carise was asked if the 4 buildings were going to be licensed; Mr. O'Neil states every bit is licensed. The licensing is specific but not specific enough.
- 24 hour care,
- "D" Variance is the highest bar before a Zoning Board along with the positive and negative criteria.
- Is it beneficial under the land use law,
- traffic increase ? woods being torn down?
- diminished property values,

Mr. Palmer asks Mr. Rached if this was a low impact facility.

Mr. Rached states "Yes" it is a low impact facility vs. other permitted uses. His analysis was made by using traffic facts on the other uses.

Mr. Palmer asks Mr. O'Neil and Mr. Rached questions relating to the site plan and parking.

Mr. Palmer states there was a use approved 6 years ago and ask Mr. Rached if he used that in his traffic analysis.

Mr. Rached states it was irrelevant and had not used that information.

Mr. Palmer states the property was approved as a cemetery; would this facility be less traffic than a cemetery? The traffic from a cemetery would be much less than this facility.

Mr. Bucceroni states it's really not that much traffic for a county road, just employees coming and going to work.

Ms. Sharon Johnson: Gloucester Township:

- her son was addicted for 11 years,
- we had an intervention but no one would take him with no insurance. In Phase II patients coming out of a hospital will they be in a outpatient phase or 24 hours a day patient. Will the first patients accepted be local or from all over the USA.

Mr., O'Neil states it is an inpatient facility so the patient is living inside while getting treatment. 75% of outpatients don't show up to the first appointment. After 30 days the brain is not retrained. In Phase II (the 4 buildings) the patient gets to learn how to stay on track.

Ms. Johnson stated her son stayed in rehab and stayed clean. A patient in the 125 bed facility for 120 days, will they really be able to move.

Mr. O'Neil states the patients are kept on campus and will move to Phase II after 30 days of treatment. Outsiders may want to start in Phase II.

Ms. Johnson questions Mr. O'Neil about the first 30 days treatment.

Mr. O'Neil states the relapse patient may need 3 or 4 days or 9 or 10 days then Phase II. This patient has already experienced the first 30 day treatment and may not need to go

through the full 30 days again. If they can't pay the scholarship fund can be used. If the patient wants to leave transportation will be provided; they won't just be let out the door. Patients will be coming from all over. If the facility is full they will refer them to a colleague; there will be a call center to refer out.

Ms. Johnson discussed the hospital part of this plan being approved. She isn't against Phase II but is afraid people in Gloucester Township don't understand all the aspects of an outpatient facility.

Ms. Donna Parker: Gloucester Township:

States her family lives near the proposed facility and gives out a NCAADD leaflet. People and the board members seemed misinformed. She is a recovering addict and she is fighting for parity. Insurance companies can not deny treatment. This is a treatment model that advocates have fought for the last 5 years.

levels of care: clinically appropriate, 30 days is for stabilization, recovery happens in the community, dealing with the repercussions of being the addict, chronic care to out patient.

- she had to go out of state for treatment,
- oxycotin was given to her for 38 years before treatment,
- this facility will be direct competition to her job,
- chronic care model,
- 30 days doesn't work sometimes; some move faster than others,
- she gives the example of her diabetic husband for treating any disease,
- addiction is a disease of silence and shame.

Mr. Costa asks Ms. Parker where she works.

Ms. Parker states she works for a Behavioral outpatient facility in Egg Harbor Twp.

Mr. Costa asks their success rate.

Ms. Parker states it is relative to care and commitment of the patient. She adds most treatment centers are not dangerous.

Ms. Lynn Bonner: Gloucester Township:

She has been a resident for 20 years and is concerned about the facility. She knows we have a problem in Gloucester Township, but she has children and her daughter will be attending Camden County College next year. She is worried about security and time frame of withdrawal (5 to 7 days) and if the patient wants to leave in 3 days can they walk out? She understands Dr. Carise stated she would have their cell phones, lap top etc... but can you stop them from jumping into someone else's car? and Dr. Carise had said "no". Ms. Bonner is worried about the day care center being so close, also CCC has a addiction program but it is a very small percentage of students who participate, she has concerns.

Mr. O'Neil states that someone in withdrawal is very sick. If they were to leave, transportation would be called. They only keep cell phones but no other gear. Bed checks are done every hour and Camden County College supports the facility and what they are trying to do. In his experience they never had the problem of having someone wanting to leave.

Mr. Gary Caspermeyer: Gloucester Township:

Mr. Caspermeyer has been in the Township for 46 years and 22 years of it right down the street from the proposed facility. He is worried about the facility and the infrastructure around it. A 319 bed facility is only 83 beds short of 2 local hospitals. If you compare the Washington Twp. Kennedy hospital's access roads to this facility, there doesn't seem to be enough turning lanes or access roads in and out of the property. He asks if there are any traffic lights being proposed for this facility. Mentions there has never been a facility this large in this location and believes the infrastructure isn't sufficient. Mr. Caspermeyer asks the traffic engineer if the traffic study was done all day or just between 7am and 8am. He states across the street from Kennedy hospital there are only doctors' offices not a busy college. He feels there aren't enough traffic lanes or traffic lights on Peter-Cheeseman Rd..

Mr. Rashaud states they did consider every hour and picked the highest traffic hours. Between 6am and 7am there were 100 cars, between 7am and 8am there were 150 cars and between 8am and 9am there were 110 cars. He states they picked highest AM hours and highest PM hours which were 5pm to 6pm and this facility adds 27 employees to that number. They added this number of employees to the busiest hours and there was no difference in the level of service.

Mr. Caspermeyer asks Mr. Rashaud if the traffic pattern was the same when the property was the CYO.

Mr. Rashaud states the study was done for potential use not past use.

Mr. Caspermeyers' concern is the college traffic competing with this facility.

Mr. Rashaud states you can't compare this facility to a hospital because it is a sleeping facility.

Also; this facility has less than half the traffic of a hospital. Traffic signal requirements would be too low and it would take 6 to 10 years to start a traffic light threshold.

Ms. Maryann Johnson: Gloucester Township:

Ms. Johnson asks if they expect drug pushers at Camden County College because of this facility being across the street.

Mr. O'Neil states the patients are allowed outside but are closely monitored.

Ms. Johnson asks what patients without insurance will do. Don't expect Medicare or Medicaid to pay for any of this or for charity cases. Gloucester Township is a blue collar town and workers don't have big bucks for this kind of facility.

Mr. Bud Bishop: Gloucester Township:

Mr. Bishop states he isn't a stranger to Zoning Boards. He has been at the last 2 meetings and doesn't feel the questions to professionals were too intrusive. In his opinion, security is the big issue as he live half a mile from there. On Thanksgiving their cars were burglarized by drug addicts. Why would they want 300 drug addicted people close by. The variance is a benefit to the community; "this community". He believes a more rural site would be better. Mr. Bishop knows all about the Fair Housing Act and it doesn't say you can't discriminate against drug dealers. This is all about profit and thinks the location in front of CCC, and being near a park, Day Care and Lewis Middle school is a bad idea. Mr. Bishop reads the "Fair Housing Act" and it doesn't include illegal acts or drug use. In his opinion this needs to be tabled until security can be addressed. There is no plan how this is going to be a service to Gloucester Township.

Ms. Patti Drenzo: Gloucester Township:

Ms. Drenzo is offended by the comments that we just "don't want it in our backyard". She lost her son to an addiction. She states there are 300 kids today who need help and they aren't hardened criminals. Ms. Drenzo doesn't understand the security issue and is disheartened by the board members.

Mr. Rosati states the board approved the original hospital.

Ms. Drenzo states these patients aren't here to hurt anyone and if they don't get help it just becomes a revolving door for the addicted patient.

Mr. Steve Smarrito: Gloucester Township:

Mr. Smarrito states he has been in recovery for 3 years and has been a lifelong resident. He had been in cars and backyards with no treatment. He works for Foundation House which is Sober living and they are drug tested there. They are given a breathalyzer test every night and put into detox if they come back high; allowed to come and go freely, 36 beds, 15 to 20 people clean and supervise the facility, this new facility will hurt their profit margin, but believes the new facility has good policies and procedures, addicts need reform. He had to fly to Florida with warrants on him here. Mr. Smarrito discusses his work history and history as an addict; overdosing in Camden. He had troubles finding a bed for treatment when he needed one. Addicts are trouble when they are untreated. He is a working part of the community now and helps his sister with her restaurant; Kitchen 519.

Linda Musser: Gloucester Township:

Ms. Musser understands where people are coming from and thinks the zoning board has been more than fair. She feels the board has every right to "grill" the applicant. Ms. Musser feels the applicant should have done his due diligence. Phase II is very intense and she thinks the infrastructure discussion with reference to a hospital was a valid point. The burden of proof is on the applicant not the residents. Maybe the patients are a danger but feels they will steal anything for that next "fix". She is worried that if a addict asks for money and you said "no" would they hurt you to get it. She is also worried about property values going down.

Ms. Connie McGonklin: Gloucester Township:

Ms. McGonklin states she has lived here all her life. She discusses security worries and a lockdown issue in Triton High School. When her son was having difficulties he stole everything. She feels the traffic with 300 beds is going to be a greater issue than they think. The values of local homes will go down and there are already 4 houses near her that are in foreclosure without this business nearby.

Ms. Catherine Dobbs: Barrington NJ

She states they have Dunn & Bradstreet insurance, which is great insurance and they would only give her son 3 days inpatient. He spent 18 months Paterson, NJ and the Clinton administration had to help them. The South Jersey Initiative funding brought the first long term facility to NJ. She has been clipping obituaries from the newspapers from 1997 to 2013. Every governor has seen these books. The oldest obit the person was 56 years old the youngest is 13 years old. You need a facility to help these people. The addict steals not the "son" (or relative). It's hard to tell a child they can't come home. We need to stop this disease our children are dying. The disease doesn't discriminate between rich and poor. She now carries her Obit books in a suitcase she had started with a bag. Her son won't ever come back to South Jersey. The addicts can become clean and sober to become productive in society. The addicted carry an addictive gene and become addicted the very first time they try the drug.

Mr. Bucceroni asked if everyone in those books was verified to have passed away from drugs.

Ms. Dobbs stated relatives or people who knew the person gave her obits.

Joel Tomales: New Brunswick, NJ:

Mr. Tomales is a national advocate for the addicted. He has been in a long term recovery himself for 5 years. He was a user from 15 years old to 25 years old. He went to a Blue Ribbon School system. He discusses the disease that can be changed and the substance abuse disorder. He believes you shouldn't be put in jail for a disease. Mr. Tomales tried to get into 5 facilities in NJ but had to go to Florida. Going to Florida led to court when he returned because he left the state for treatment. He had a disease that was treatable. Mr. Tomales discusses his recovery; he had no work history which made it hard to get a job, he had dropped out of school in the 8th grade. He now works for a treatment facility. Mr. Tomales is now a 4.0 college student and a dedicated, motivated, passionate recovery advocate because recovery made it all possible. Even if the fail rate is 90% your crime will be reduced by 10%, Communities with treatment facilities see a 30% decrease in crime. People are dying and we seemed to be more worried about traffic. He is for the facility and it is needed in this community.

Ms. Charlene Baseline: Gloucester Township:

She has lived in the Township for 25 years. Ms. Baseline asks Mr. O'Neil if he looked at any other locations in Gloucester Township before purchasing this property. She feels this is a piece of land that could be used for a lot of building. We have places in Gloucester Township that are boarded up; like on Blackwood - Clementon Rd. they could use. The dump is right behind the property you bought.

Mr. Bucceroni is a landfill trustee and states the landfill has nothing to do with this site and it is outside of the red zone.

Mr. David McCloskey asks Mr. O'Neil if he owns the property.
 Mr. O'Neil states "yes, they own the property".
 Mr. McCloskey agrees with others that a rural setting would be better.

Ms. Terri Fretz: Gloucester Township:

Ms. Fretz is concerned over the location. She is worried about the facility going from 35 beds to 125 beds then 317 beds with the 4 building addition. She feels the applicant has constantly changed the wording so they can just keep coming back. She has to leave Camden County College every day and she has to wait 10 minutes to get out of the parking lot. She feels it will be a large impact on the Police department and the EMS. Ms. Fretz is wondering who they will be treating; since it seems most of the patients are in their early 20's without good insurance. She feels they will be treating mostly people from out of town. Ms. Fretz agrees that the board should be more concerned about the residents in Gloucester Township. The board should consider resident who have stayed loyal to GT. The first phase hospital portion is OK but the additional 317 people is more questionable. It's too close to Autumn Ridge which has a drug problem already.

Dr. DeShields:

- has practiced addiction medicine for 15 years and is directly across from a school. He has never been held up and his office is a cash office. Patients come in relapsing and in different levels of recovery. An addict is a human being that needs to be treated with respect. In his opinion; housing treated patients isn't the worry, untreated patients are a worry. Heroin is in every facility, you don't have to travel far to find heroin. Our community is at risk. He did not feel "grilled" when he gave his testimony before the board. The front of his office does not look like a drug hang out.

Mr. Lechner discusses Gloucester Townships' ordinance sect. 419 which specifically states "presently existing in municipality".

There has been testimony on the use but the board has never seen a physical plan. The board has granted the use for 125 bed facility. In the meetings; Mr. O'Conner presented "patient recovery buildings" and no one was sure what that was; it seems to be a new concept. It's such a new concept the planners of the ordinance couldn't have thought of this use because it didn't exist. Voting considerations: residential component vote or if it is an inherently beneficial use. The balancing test will be detrimental vs. benefits. The ordinance has no density component and the IN zone doesn't have this component. There are 12 permitted uses and this is a new idea a not contemplated before. I don't interpret the ordinance the board does. The emphasis on the residential component is the important factor. Don't emphasize on the program but on the residential component. They could build a larger hospital.

Mr. Mellett states he submitted a 15/16 page report and the engineer agreed to all the technical aspects and everything can be worked out. The traffic impact report: nuts and bolts are there and the board doesn't have jurisdiction the County does and they will decide on any improvements.

The subdivision is incomplete and there is only preliminary site plan approval.

Mr. Plackter: His perspective is that the board is a quasi-jurisdictional board. The whole site plan with 125 bed facility is permitted.

The issue is the 4 buildings use variance: evidence:

- 2 professionals testimony on continuum of care,
- inherently beneficial,
- not apartment buildings there are no leases,
- not sober living as previously presented,
- strong public policy to treat the addicted,
- security doesn't trump benefits,

- no negative traffic impact,
 - would work out any negative impact,
 - Doctrine of reasonable obligation,
- Discussion of preliminary approval of hospital.

Mr. Costa states they are for the inherently beneficial use but these 4 buildings have never happened before. The witnesses testimony can be accepted or rejected. The witness testimony was inconsistent.

Mr. Costa addresses the board: vote on the use approval first; if the board denies the use then they can not grant the site plan: prelim/final or subdivision.

A motion to deny the use for the above mentioned application was made by Mr. Bucceroni and seconded by Mr. Rosati.

Roll Call:

Vice Chairman Simiriglia	Yes to deny
Mr. Bucceroni	Yes to deny
Mr. Scarduzio	Yes to deny
Mrs. Chiumento	Yes to deny
Mr. Rosati	Yes to deny
Mr. Treger	Yes to deny
Chairman McMullin	Yes to deny

Use Variance Denied.

A motion to deny prelim/final site plan and subdivision was made by Mr. Scarduzio and seconded by Mrs. Chiumento.

Roll Call:

Vice Chairman Simiriglia	Yes to deny
Mr. Bucceroni	Yes to deny
Mr. Scarduzio	Yes to deny
Mrs. Chiumento	Yes to deny
Mr. Rosati	Yes to deny
Mr. Treger	Yes to deny
Chairman McMullin	Yes to deny

Preliminary/Final Site Plan & Subdivision Denied.

A motion to Adjourn was made by Mr. Rosati and seconded by Mr. Scarduzio.

Respectfully Submitted, Jean Gomez, Recording Secretary.