

TOWN OF NEWTON
PLANNING BOARD
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The regular meeting of the Newton Planning Board took place on the above date via ZOOM. Chairman Le Frois read the Open Public Meetings Act and requested Mrs. Citterbart to call the roll. Board Secretary Mrs. Citterbart stated there was a quorum.

OATH OF OFFICE: None

SALUTE TO THE FLAG: Was recited.

ROLL CALL: Was taken

Attendance: Mr. Wink, Mrs. Vrahnos, Mrs. Hall-Romer, Mr. Dickson, Mr. Schlaffer, Mr. Russo, Jr., Mr. Ragsdale, Mr. Schick, Mrs. Le Frois, Mr. Le Frois

Excused: Mr. Flaherty, Mr. Marion, Mr. Ricciardo

Professionals present: Thomas Molica, Esq. of Vogel, Chait, Collins & Schneider
Jessica Caldwell, J. Caldwell & Associates
Annie Hindenlang, Topology
David Simmons, Harold Pellow & Associates
Douglas Doyle, Esq., DeCotiis, Fitzpatrick, Cole & Giblin

THE SUNSHINE STATEMENT: Was read.

CONSIDERATION OF MINUTES

None. Will be approved at the July 21, 2021 meeting.

HISTORIC RESOLUTIONS

None

RESOLUTIONS

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- 1) 121 Water Street Holdings LLC (#P-4-2021)
Block 10.01, Lot 4
121 Water Street

The Resolution grants minor subdivision and site plan approval for a multi-use development.

Mr. Russo made a motion to approve the resolution. Seconded by Mr. Ragsdale.

Aye: Mr. Wink, Mrs. Vrahnos, Mrs. Hall-Romer, Mr. Dickson, Mr. Schlaffer, Mr. Russo, Mr. Le Frois

Resolution approved.

NEW BUSINESS:

- 1) Ordinance 2021-12 – An Ordinance Amending, Revising, and Supplementing Sections 320-2.C "Permitted Uses", 320-3 "Definitions", and 320-28 "Conditional Uses" of the Zoning Code of the Town of Newton to regulate the Cultivation, Processing, Sale, and Distribution of Legal Cannabis within the Town of Newton.

Mr. Russo and Ms. Caldwell provided an overview of the ordinance.

Mr. Russo made a motion to find the Ordinance consistent with the Master Plan with the two recommendations from the Board to the Council that all business classes 1 through 6 be closed on Sunday and any odor control be paid for by the property owner or tenant and not the Town. Mr. Ragsdale seconded the motion.

Aye: Mr. Wink, Mrs. Vrahnos, Mrs. Hall-Romer, Mr. Dickson, Mr. Schlaffer, Mr. Russo, Mr. Ragsdale, Mr. Schick, Mr. Le Frois

Motion approved.

- 2) Merriam-Gateway Apartments Inc. (#P-3-2021)
Block 18.02, Lots 14 and 15

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69 Sparta Avenue & 75 Sparta Avenue

The Applicant is requesting minor site plan & conditional use approval for a residential treatment center.

Gary Forshner, Esq. represented the applicant.

Sworn in:

Jason Dunn, Planner and Landscape Architect

Chris Wolverton, Architect

Robert Boyle, Security Expert

Mike Kulick, Representative of the proposed tenant, Garden State Treatment

Mr. Forshner stated: The property is located at 69 and 75 Sparta Avenue. There is an easement on the property across Diller Avenue for some additional parking during specified hours. That's Lot 3, Block 22.04. We are proposing a residential treatment center which is permitted within your Merriam Gateway Redevelopment Plan. There was an amendment to the plan that was specific to the proposed use at the site. We are conditionally permitted. We believe that we satisfy all the conditions, so we're asking for conditional use approval. The only relief that we are requesting is with regard to parking. Your ordinance requires 24 parking spaces. We have 21 spaces on-site. But as I had indicated, there is up to 31 parking spaces across Diller Avenue that we have access to by virtue of an easement from that property owner. That has also been included in the notice and in the application. I would submit that while technically we need relief from the parking requirements, we certainly meet the spirit and intent by having the overflow parking right across the street. What you'll hear from the application is this is a low traffic generator, low parking demand. Essentially just employees. The residents that come there, the clients, do not drive themselves to the property. And in almost every case they're driven to the property by an employee of Garden State Treatment Center. In every other regard we think we comply. We've added a little bit more landscaping. We've made the site look a little bit better. We have been asked to and agreed to replace the fence in kind that is already there so the residents have some place to be outside for a little bit, whether to smoke a cigarette or otherwise. We provided the requested lighting. We will give testimony on that. There was a comment

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raised regarding the bike easement. We are looking to accommodate all the comments made by your professionals.

Mr. Forshner introduced Mr. Dunn

Mr. Dunn stated his education and credentials. His license is current. The Board accepted his credentials.

Mr. Dunn referenced the Site Improvement Exhibit marked as A-1 and stated: This is a survey of the property that was also submitted to the Board after the initial application was submitted. So what our office did is we had that as the background and then we added some proposed site improvements and labels of what they are. The date on it is June 6, 2021. We are looking at Lots 14 and 15, Block 18.02. They have been combined into one lot. It is about 2 acres. It contains two buildings that are connected by a second story covered corridor. The building in question would house the proposed treatment facility. On the map it is labeled as one-story, but it is two-stories. The 21 parking spaces are in front of the building and would serve the building in question. There are two handicapped spaces. This exhibit shows that they would be restriped to accommodate van accessible parking. Right now, the access aisle is a little narrow. It would need to be widened. There is enough room to accommodate that. There is also a depressed curb in that area that would need to be evaluated to make sure it is ADA compliant. The building has an L-shape along Diller Avenue. That is where a proposed outdoor seating area or smoking area would be located. Right now it is already surrounded by a fence, but as Gary had mentioned, we are going to replace that fence with something a little newer, more clean-looking and modern. It would not have a gate and would have added lighting in that area to adequately illuminate that area. The lighting would be on a motion sensor and would turn off shortly after people left the area.

Mr. Dunn continued: The site improvements are fairly limited. This is an existing site. It does have some existing landscaped areas. It has sidewalks that service all the entries. The parking is already there and paved. The pavement is in good shape in my opinion. The project fronts Sparta Avenue. There is a strip of green coloring on the map that we put there. We propose to improve that area with some shrubbery, some landscaping. Right now

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it is just a grass and soil strip. We are trying to be consistent with the redevelopment plan and have landscaping on the site. Also, in that area are two streetlamps, pole lamps, that are proposed to remain. There is also lighting on the front façade of the building that is proposed to remain. This should adequately light the parking area. The balance of the site is the Merriam Gateway Apartments. Nothing is proposed to change in the immediate vicinity of that building. There is parking available to the residents of that building.

Mr. Dunn continued: We are proposing to line stripe the access drive of the back parking area that is shown. We're proposing the color yellow, but the color yellow doesn't show up on the map, but they will be yellow. We are also proposing to do some symbols and signage to indicate that this 10-foot-wide area would be designated as a bike path. And that is to connect existing bike paths on either side from Thorlabs and their subsidiary companies. That was a suggestion by the Town Engineer and the applicant agrees to it. The 10-foot-wide path lies wholly within an existing 20-foot-wide easement for this purpose. There is adequate light for this as well because it is already a parking area with new LED pole lights. Below that area is a storage trash area. The proposed treatment facility would be sharing that area with the apartments. Going back to parking, there are 21 spaces on-site and in front of the building in question. There is property across Diller Avenue which is known as Lot 3, Block 22.04. This has been recently reconstructed as a parking area. There is an easement that has been submitted with this application that shows that this property has rights to use 31 of those parking spaces for limited times, weekdays 6:00pm to 8:00am and weekends, unlimited time overnights. Our proposal is to use three of those 31 spaces to fulfill the 24 spaces required by your redevelopment plan ordinance. It is two spaces for every 1,000 square feet and that equates to 24. The proposed use is conditional. There are six conditions. The first is that minor site plan or site plan application should be submitted, and that is why we are before the Board in part for approval. The second is accreditations of an organization known as JCAHO, Joint Commission on Accreditation of Healthcare Organizations. This would be forthcoming after the use has been occupied for a certain amount of time. Six months at the most. We will fulfill that condition. The third condition is that a maximum number of residents within the building would be 24. The architectural plans show that there is a limit of 24 beds in the building for this purpose. The fourth condition is that 24-hour security including cameras, alarms and staff be provided. Testimony will be provided by our security expert and the operator that a security plan will be in place. The

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fifth condition is that designated outdoor sitting area shall be located either on the side or the rear and fenced and screened from view from the neighbors and the street. As I indicated before, it is on the side of the building along Diller Avenue. It will be screened with a 6-foot opaque fencing. The sixth condition is that a vehicle and pedestrian safety plan should be submitted and explained. The patients will be delivered to the site once there is a need. An employee will leave the site, pick up the patient, and then bring the patient to the front of the building where they will be brought into the building from the front main entrance. There is no parking for patients at any time and no visitors for the patients; therefore, there is not a need for parking for those residents. There will be a maximum of 18 employees at any one time for the facility. Again, there are 21 parking spaces on-site and at least three available across the street. There is a deviation from the redevelopment plan. We are treating it as a parking variance. The redevelopment plan requires that all required parking be in subsection B, which is the area that we are in. The other side of Diller Avenue is subsection A. This was probably structured so that patients would not have to walk across Diller Avenue. Because we have enough parking in the front to accommodate all the employees and bringing the patients to the site, we would not have patients parking across Diller Avenue and being brought to the sidewalks and across Diller Avenue. The parking area is actually going to be less used than the previous use which was a gym and fitness center. It is my opinion that this parking is adequate and there is no negative impact. I believe this could qualify as a hardship from the strict compliance of this requirement because there really is no other way to add parking to this site in the sub area B. Does anyone have any questions?

Mr. Le Frois opened the floor for questions from the Board.

Mr. Russo questioned: Is the outdoor fenced in area on Diller for smoking only tobacco and e-cigarettes? Will cannabis be eliminated?

Mr. Forshner stated: That might be a better question for Mike Kulick.

Mr. Forshner introduced Mike Kulik and questioned: Can you please describe your relationship to the Garden State Treatment Centers?

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Mr. Kulick stated: I'm the Chief Operating Officer of the entity Garden State Treatment Center and hopefully soon to be Garden State Detox which we're reviewing tonight. We intend on being more than abstinent and FDA-approved type facility that uses medications consistent with best practices. Right now there is not enough information for us to lean in the direction of the use of cannabis. I don't believe we would permit that either way, but it's really tough to tell right now because we don't have a lot of information.

Mr. Le Frois questioned: So right now you would not be permitting cannabis?

Mr. Kulick stated: Correct.

Mr. Forshner stated: Just so the record is clear, consistent with the appropriate regulations, they will evaluate that in the future, because as this is evolving and we don't know what the future is going to hold in terms of what's permitted or not permitted it is still a bit of an open question. Is that correct Mr. Kulick?

Mr. Kulick stated: Yes. Exactly.

Mrs. Le Frois questioned: Will the residents be able to have visitors, family members, support people visit? If so, is that figured into the parking calculation?

Mr. Kulick stated: Visitation is not permitted.

Mr. Forshner questioned: How does a patient get to the facility?

Mr. Kulick stated: We are a private organization that is highly qualified and highly credentialed and all the people that come to us make the decision on their own and of their own volition. So they have the internal desire to seek treatment. They are with us completely voluntarily and nobody is forcing them. They are not there by court order. We take private health insurance, or you can self-pay. We do not contract with any governmental insurances such as Medicaid or Medicare. So, to answer the question, they call us or are referred to us by a family member, a loved one, an alumnus that's been to any one of our programs, or they search the web. We have been around for six years. We've got multiple

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facilities. One in Sparta, New Jersey, and three down in South Florida. We're working on identifying other areas that addiction is really impacting. We do a thorough screening to make sure they are appropriate for us. Are they suicidal? Homicidal? Hearing voices? Once we make the determination that they would be appropriate, based on what they call ACM criteria, Addition Medicine Criteria that we use for patient treatment and substance use disorders, we will arrange the transportation by a staff member at the facility to pick them up and bring them in. We don't want them driving themselves.

Mr. Forshner questioned Mr. Dunn: Is there any signage that is proposed with this application?

Mr. Dunn stated: There is limited signage. We decided all we need is just a building identification sign next to the door, 2-foot-by-2-foot would be appropriate to the left side of the door. It would not be illuminated and would simply state 75 Sparta Avenue. This way deliveries, mail, or first responders can identify who it is.

Portion opened to the public.

1st Public – Ludmilla Mecaj, 9 Madison Street, Newton. Expressed concern that she only counts 16 spaces. How many existing and how many proposed?

Mr. Dunn stated: There are 21 total. There are 16 in front, two in the back, plus three of to the side at the corner of Diller Avenue and Sparta Avenue.

No more public stepping forward. Portion closed.

Mr. Forshner continued to question Mr. Kulick: What is your role with regard to the proposed tenant?

Mr. Kulick stated: I'm the Chief Operating Officer of the proposed tenant, Garden State Detox.

Mr. Forshner questioned: Are you familiar with the operations of the proposed facility?

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Mr. Kulick stated: I am.

Mr. Forshner questioned: Can you describe the operations at the proposed facility focusing on the items that are subject to the redevelopment plan?

Mr. Kulick stated: Yes. We have a track record of being open in other states, in particular in New Jersey in Sparta. We have been open there for three years with no incidents. We are highly regarded in the town, we work with people, we work with the local police department. Our staff is highly credentialed. Our Medical Director used to be the emergency room doctor at Newton Memorial. His name is Dr. Michael Ganon. He's been with our team for three years. We intend on using him as our Medical Director at the site. Our Clinical Director has over 30 years of clinical experience. We are going to be a 24-hour a day operation, but we find that a lot of the people that need our help do their best to just call in when they're ready. That could be at 9:00am or 4:00pm. It can be a Sunday or a Monday. We intend to, and Robert Boyle can attest to it, equip the facility with a top of the line security system that includes cameras both inside and outside the facility that are monitored, an alarm system, doors that are controlled by key fob lock so that people can't just come and go as they please. They need to be permitted and approved to come in, including the staff. We will not have visitation. There will be overnight stays in the facility. We are going to hire designated security staff that are specific to the task of providing security. Security comes through different avenues for us. One element is visitation. Not allowing it provides security. Another element of security is that the patients voluntarily admit themselves in for treatment. In addition to the regular 24-hour staff we will also have designated security staff. We will have a high-end security system to be installed by Robert Boyle's company. We are going to be monitoring the clients on camera as well as during perimeter checks. Perimeter checks are done every 15 minutes to make sure we know the whereabouts of all our people at all times on top of the cameras. The cameras are going to be monitored by our nursing department. They're going to be able to see them even at night with special cameras. Additionally, we provide the transportation both to and from our center so we don't want outside people coming in and driving having heavy traffic. In fact, we would prefer to control the traffic ourselves and that is how this industry works in general. So those are all important aspects. All of our currently opened centers are accredited by

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the Joint Commission, have gone through those rigorous standards and inspections, and the same will happen at this new facility.

Mr. Le Frois questioned: There is an elementary school up Merriam Avenue and a crosswalk near your facility. The crosswalk is manned by a crossing guard and all the kids that live in the apartments right there use the crosswalk to go to elementary school. Is there anything special or unique that you're going to do during the morning and afternoon when kids are utilizing the crosswalks for school to either supplement or to do anything above and beyond your perimeter monitoring? Particularly with the crosswalk right there?

Mr. Kulick stated: We don't believe anything additional will be necessary. One of our main reasons is that the type of center that we operate is intended to be enclosed. The residents are intended to remain inside and if they needed to go outside, we have that designated area. Outside of that, there are therapies, nursing, and other elements of treatment that are all intended to be done inside the center. It's like being in a hospital.

Mr. Le Frois questioned: So would it be difficult or not feasible for them to run out the front door?

Mr. Kulick stated: It would not be easy to do.

Mr. Dickson questioned: Does the 24-hour onsite staff include an RN?

Mr. Kulick stated: Yes.

Mr. Dickson questioned: Why do you not accept Medicare? And also, do you ever do scholarships and would you give them to local residents at all or are you strictly just bringing them in from your other locations?

Mr. Kulick stated: Regarding scholarships. We do give scholarships. It's based on availability. We don't necessarily try to choose where they are coming from. Ideally we would like them to be from the area. Regarding Medicaid. The type of facility we provide is more of a high-end, high-class type of environment. That's the model that we choose to make. There are a

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lot of different requirements with Medicaid. We may do a trial with it in another state. But there are a lot of unknowns.

Mr. Dickson questioned: What is the total number of staff at night?

Mr. Kulick stated: We're going to have two. Either one RN and one LPN or two RNs. But minimally there will always be one RN. But once we get to a certain number, that's when we try to go from one to two, not for requirement but just because we think it is better to have that. We're also going to have minimally one of each gender on at night, so a male and a female and two nurses. So we're going to have at least five staff on. And that would be the additional security staff that's designated too.

Mr. Dickson questioned: And you're not going to have any other services other than just strictly residential and then they leave?

Mr. Kulick stated: Yes. It's actually two different levels that fall into residential. You have what they call residential detox that medication is used to help them come off of particular substances that may medically require that, and the other is residential so that would be the first phase. The goal is for them to come in, be detoxed from a particular substance, and then receive treatment. They kind of fall under the same umbrella. But we're looking at a timeframe of around 30 days when you combine the two.

Mr. Le Frois questioned: Do you have outpatient services?

Mr. Kulick stated: No.

Mrs. Hall-Romer questioned: Do they leave the same way they are brought in?

Mr. Kulick stated: Yes. Generally they'll leave the same way they come in; however, their destination of where they go, a lot of them will go to the next phase of their treatment. They

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are reintroduced to the community. They leave with a plan for success. They will have resources to local 12-step meetings and follow up care.

Mr. Wink questioned: What is the average occupancy rate at the Sparta location?

Mr. Kulick stated: That's hard to answer because it is an outpatient facility. The Newton location will have a maximum of 24 residents and they stay an average of 30 days.

Mr. Forshner questioned: To clarify, is this the first stage in a continuation of care from when someone comes in intoxicated in one regard or another until they get sober, cleaned up, and have a long-term solution? Is this the first phase?

Mr. Kulick stated: Yes. We look at it in three phases. Detox and residential is Phase I. Stabilize them, get them on their feet. We have to be able to manage that type of client which is important to note. If we're not in a place that can manage them there are other places out there that can such as a hospital. In the second phase they'll go to more of a partial and intensive outpatient program while living in the community they're from, participating in treatment services during the day, as well as usually participating in 12-step recovery groups at night to build a sober support network with like-minded people that have gone through similar things that can help them in challenging times. Outpatient is the third phase in which they may get their own apartment or move back home. There's lots of different variables at the end. The longer someone is receiving care, the better chance they have for not returning to using.

Portion opened to the public.

1st Public – Ludmilla Mecaj, 9 Madison Street, Newton. Will you have a video in each of the rooms? Have you had any cases where there is a relapse? Or suicide? How many beds and nurses?

Mr. Kulick stated: It is 24 beds maximum and we intend to have two nurses staffing.

Mr. Forshner questioned Mr. Kulick: Can you give overview of the staff?

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Mr. Kulick stated: There is a variety of staff including support staff or behavioral health technicians. We have a case manager and a discharge planner. We have a doctor certified in addiction medicine or a medical or psychiatric nurse practitioner that frequents the facility seven days a week to check in on the patients. We have primary therapists that are responsible for providing clinical treatment to the people in the form of individual counseling, family counseling, as well as group counseling. There is also the security staff. The maximum capacity will be 18 different staff members if we're completely full. That includes weekends.

Mr. Kulick continued: To answer your other question if I've ever seen a suicide, I have been doing this for 13 years at some very large organization. My first organization had 200 beds, the second had 800 beds nationally. And then prior to coming here I was with an organization that had a couple hundred beds. Out of all those admissions in the past 13 years, not one person has attempted suicide at any of the centers. In fact, what I found is that more people commit suicide that don't get help than the ones that get help.

No more public stepping forward. Portion closed.

Mr. Forshner introduced Chris Wolverton from HQW Architect.

Chris Wolverton gave his credentials and education. His license is current. The Board accepted his credentials.

Mr. Wolverton referenced Sheet 3 and stated: This is an 11,000 square foot facility. It's located on two levels. The lower level is what you see on your screen right now and it contains support spaces, group rooms, two teen group rooms, a cafeteria, storage space, bathrooms, as well as seven staff offices. There is access to the second floor via two stairwells, a stairwell of the lobby and a stairwell off the rear exit. There is also a LULA (limited use, limited access) elevator which would provide wheelchair accessibility to the cafeteria, as well as accessibility up to the second floor. It is essentially an elevator and is sized for a wheelchair. It is about 6-foot-6 by 4 foot. The left side of the building is the men's suite. You can see the sky bridge to the left. The right side is the women's suite. Each suite has 12 beds

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each for a total of 24 beds. There are several sitting areas. Most of them are on the common floor level in Level 1. There is a locked nursing room and a locked medication room.

Mr. Forshner questioned: There had been a question raised with regard to EMS accessibility in the event of an emergency. How is that being addressed?

Mr. Wolverton stated: If there is an emergency on the second floor, the LULA elevator does not accommodate a stretcher. If there is an incident, the emergency personnel would utilize the existing stairwells. The stairwell is sized by code to accommodate the gurney, and that's a common way of getting in and out of a facility in the event of an emergency.

Mr. Forshner questioned: What is the backup plan for that, just belts and suspenders?

Mr. Wolverton stated: We discussed this with Newton and the emergency services. On my screen is the existing sky bridge. Right now that's used as an emergency exit from where Retro Fitness was in the facility. What we discussed was going a locked one-way or with a Knox Box exit for access for emergency services to be able to bring a stretcher in and use the residential elevator that's in the Merriam Gateway residential area. That is the secondary plan if it proves to be easier for EMS. Even without that this facility is fully code compliant. There is a letter from EMS consistent with that.

Mr. Le Frois questioned: Is it the same owner on the two facilities?

Mr. Forshner stated: Yes. It's all one property.

Mr. Wolverton stated: On my screen is the letter from the Newton First Aid Squad that you're referencing.

Mr. Forshner stated: For the record, this letter is dated May 25, 2021 and addressed to the owner of the facility and addresses exactly what Mr. Wolverton described.

Mr. Wolverton stated: The facility is fully sprinklered. That is my testimony.

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Portion opened to the public. None stepping forward. Portion closed.

Mr. Dunn reviewed the positive and negative criteria and stated: The relief we're asking for is to designate three of the parking spaces required across the street on Diller Avenue in an easement that has been granted to benefit this lot to allow them to use those parking spaces. There is a technical deviation from the redevelopment plan because the plan requires that all parking for this use be in subsection B where the building is located as opposed to subsection A which is across the street from Diller Avenue. In my opinion, we meet the spirit of the intent of the parking regulation. We do have 24 stalls that are necessary. In the capacity of that, three of those stalls are limited in timing, but there's been testimony about the number of employees being at maximum 18, but most cases there would be five overnight. There's been testimony from the operator that the clients or patients would be brought to the site from an employee, so there's no need for parking for the patient's family members or friend to bring them. They would not have visitors during the course of their stay. So it's my opinion that there's certainly adequate parking. I believe that this could be categorized as a hardship variance in that there is no other place to expand parking on this site. So to keep in strict compliance of this requirement may be a hardship to this user. This provides, in my opinion, a public benefit to allow for an additional recovery facility. I think the positives certainly outweigh any negative impact by being short those three spaces in subsection B. I don't see any detriment to being short three spaces since we have the additional parking across the street.

Mr. Forshner questioned: Based on the testimony we just heard, there likely wouldn't even be a need to park in the parking spaces across the street that have been so designated. Is that true?

Mr. Wolverton stated: That's correct.

Mr. Forshner questioned: Is there any aspect of that, that would be a detriment to the zone plan or in this case the redevelopment plan?

Mr. Wolverton stated: No. Not in my opinion. There would be no detriment.

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Mr. Forshner questioned: Is what is proposed very much consistent with the concept in the redevelopment plan to allow for this specific use?

Mr. Wolverton stated: Yes, it is.

Mr. Molica questioned Mr. Dunn: The parking variance that's required is because you're deviating from conditional use standards. Is that correct?

Mr. Dunn stated: No, it's actually a standard of the redevelopment plan.

Mr. Molica questioned: So, the relief you're seeking is not sought pursuant to 70(d)(3) of the Municipal Land Use Law; rather it's a bulk variance essentially that you're seeking pursuant to section 70(c). And in this case, you reference subsection I about hardships, correct?

Mr. Dunn stated: Yes.

Mr. Molica questioned: And notwithstanding the fact that this is not a (d)(3) variance I'll just ask you because I think it's important for the record, the fact that the parking variance is required doesn't render your site not suitable for this proposed use, this proposed treatment center, correct?

Mr. Dunn stated: That's correct. It is certainly a usable site for this proposed use.

Mr. Forshner stated: To complete the record, not that we have to submit those proofs, but I would submit that this is an inherently beneficial use; not that we need that for any aspect of it because we are fully consistent with the intent and purpose of the specific condition.

Mr. Molica stated: Correct. It's not a (d)(1) variance. You don't need a use variance so to speak. But I would agree with your statement that the record always benefits from more information and statements to that effect.

Mr. Le Frois prompted the Planning Board professionals to review their reports.

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Ms. Hindenlang referenced her report and stated: Overall we agree that it's an inherently beneficial use and that it's largely consistent with the redevelopment plan. I agree that the parking the way it's being proposed to address it is consistent there. I want to bring up a couple of things related to site improvement to make sure that they're not creating design waivers. But just know that the redevelopment plan has pretty specific crosswalk requirements here. I didn't see those on your site improvements, but perhaps those are coming. There are also minimum sidewalk widths of 10', which I'm not sure if you are complying with or not, but that's one of the requirements. The fence height should be less than 3 feet according to the redevelopment plan. So, they will need a design waiver. I would also like to confirm the plantings are native species. The third thing is I would like you to run through the operations of disposal of trash and recycling and what kind of screening is being used.

Mr. Duinn stated: Regarding the native shrubbery, that can be a condition of any approvals.

Mr. Kulick described the trash operations and stated: We take the trash out, empty it regularly, probably more than you do in your own home. Because of where the dumpster is located, we are going to purchase one of those pushcarts that has a top on it, so we'll put the trash in and take it out back. We would go down Diller Avenue and bring it back to the existing dumpster. We don't intend on storing trash in the pushcart. We will move it from the building to the dumpster. So, we're just going to be constantly taking out the trash cans that are strategically located throughout the facility. We will keep the pushcart in the storeroom downstairs by the exit.

The applicant requested relief from the Board for minimum sidewalk width not being 10' and a design exception for the fence being higher than 3 feet.

Mrs. Le Frois questioned medical waste and deliveries impact on parking.

Mr. Kulick stated: The deliveries are quick and will not impact parking for long. Regarding medical waste, we keep it in locked receptacles in a locked pharmacy room in the locked

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nursing station. We're going to contract with a third party to dispose of medical waste as-needed.

Mr. Simmons referenced his report dated May 24, 2021 and stated: Regarding parking, the information regarding restriping and depressed curb for two handicapped spaces was furnished. With regards to the 560-square-foot-triangular-shaped outside area adjacent to Diller Avenue, so it's clear for the record, referenced a 6' high fence. Is that going to be PVC?

Mr. Dunn stated: Yes. It will be faux wood, PVC style. One color with no gate. We will provide construction detail of that.

Mr. Simmons continues: We received additional information on the wall-mounted light fixtures so we could evaluate the lighting, and, in my opinion, it provides adequate lighting in that triangular area. Is there a generator proposed?

Mr. Dunn stated: There is no generator proposed.

Mr. Simmons continued: It's my understanding that the 80 square foot façade sign is not going to be installed. Just the two smaller signs, the street number and an identification sign by the door is all that is proposed. Is that correct?

Mr. Dunn stated: Just one small sign is proposed. It is going to say 75 Sparta Avenue.

Mr. Simmons continued: With regards to ADA plans and details that were on the plans of Mr. Wolverton's, those I defer to the township or town construction official for his review. Just so the Board is aware, they did add the bike path and the delineation in the signs in the rear of the property which was good. I would just ask two other things about the bike path in the rear. Is there illumination in the interior rear portion of the property that would include the bike path?

Mr. Dunn stated: Yes.

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Mr. Simmons continued: This may be for Mr. Boyle, are there security cameras in the rear of the facility that would cover the bike path?

Mr. Boyle described his background. He is CEO of Planet Networks, an author, and has testified in county and state courts for computer forensics and video surveillance matters. We install and maintain thousands of cameras and systems.

Mr. Boyle stated: Yes. The entire rear of the building is covered by security cameras. They are recording 24 hours a day. We actually worked with Newton Police several times on cars that pass through for license plate numbers. Cameras on the bike path are installed at the site right now. The new cameras will provide color images at night in pitch black.

Mr. Simmons continued: With the crosswalks that are going across the two driveway entrances, are they proposing to add two lines, some cross-hatching or eliminate that?

Mr. Dunn stated: Our proposal was to provide two single line stripes across each driveway. It would not be cross hatched.

Mr. Simmons continued: The only suggestion I would make is that particular part of the project fronts on Sparta Avenue which is a county road. I would suggest that particular crosswalk design be subject to approval of the County Engineering and Planning Department.

Mr. Forshner questioned: So, you are asking us to first of all, if the County allows the striping along the driveway, we do it. If the County doesn't, then we would address accordingly. And you want us to either get an approval or a letter of no interest from the County? Am I understanding correctly?

Mr. Simmons stated: Yes.

Mr. Forshner stated: So, we are going to ask the Board that we will do the striping as long as it's allowed by the County. Or do what the County asks.

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Mr. Simmons continued: One finally item, given the fact that you're changing the fixtures and the overall layout and use in the building I would suggest this might have to the Newton Utility Advisory Board just for verification of the adequacy of water and sewer to this particular building.

Mr. Forshner stated: Ok.

Application opened to the public.

1st Public – Ludmilla Mecaj, (sworn in) 9 Madison Street, Newton. Congratulates Mr. Kulick for his humane mission. Is concerned with close proximity to Merriam School and that the facility needs more space and it is an inconvenience.

2nd Public – John-Paul Couce, 26 Linmor Avenue, Newton. Sworn in. Is member of Governing Body but here as a resident and not representing the views of the Council. He calls attention to the overflow lot and that parallel to it is a curb ramp and truncated dome mat. Beyond the mat from the parking lot there is not crosswalk that then crosses Diller Avenue and no curb cut on the opposite side on the Gateway property. It might drive foot traffic toward that curb cut as if it were a legitimate crossing of Diller Avenue. It might raise a bit of a safety issue if that crosswalk and sidewalk is not addressed.

No more public stepping forward. Portion closed.

Mr. Le Frois questioned: How and when are deliveries handled?

Mr. Kulick stated: During the day for the most part. Online ordering. Daytime delivery via UPS, Fed Ex, Amazon. Food will be catered and dropped off to us three times a day.

Mr. Dickson stated: I would suggest that for any medical incident on the second floor you use the access. I know Newton First Aid Squad said they were fine with that, but we have other agencies that at times could end up responding and I think you'll simplify it by using the elevator. It's safer for the patient and easier for the EMS crew.

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Mr. Forshner stated: I think that is how we are addressing it. We are going to have a Knox Box which allows them to open it and have the same key fob that our staff would have to open the door to access that. So, the decision to use it is totally in the purview of the EMS.

Mr. Forshner summarized the application for the Board.

Mr. Molica crafted a motion to grant minor site plan conditional use and variance approval pursuant to N.J.S.A. 40:55D-70C for the applicant to convert the existing commercial building located at Block 18.02, Lots 14 and 15 in the Town of Newton, into a residential detoxification facility to be operated by Garden State Detox. Variance relief is required for a proposed 21 parking space site plan where 24 spaces are otherwise required per Town ordinance. An easement does exist that will help the applicant effectuate additional parking in excess of the actual ordinance requirement. Site plan design waiver or exception relief is required in order for the applicant to replace the existing fence located at the property with a fence in excess of the 3-foot height ordinance requirement and in a PVC-style material. Site plan design waiver exception relief is also requested in order to use thermoplastic paint in areas in and along the crosswalk servicing the property. A site plan design waiver is also required for the proposed sidewalks being less than 10' wide. The applicant should comply with the reports of the Board's Planner and Engineer with the exception of anything modified here tonight. Native shrubbery will be provided at the site. The applicant must obtain any and all other required approvals from other government agencies having jurisdiction over the application, including the Newton Utility Advisory Board and either an approval or letter of no jurisdiction from the Sussex County Planning Board.

Mr. Ragsdale made a motion to approve the application subject to Mr. Molica's explanation.

Mr. Russo seconded the motion.

Aye: Mr. Wink, Mrs. Vrahnos, Mrs. Hall-Romer, Mr. Dickson, Mr. Schlaffer, Mr. Russo, Mr. Ragsdale, Mr. Schick, Mr. Le Frois

The motion was carried.

CORRESPONDENCE

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1) The New Jersey Planner – March/April 2021 – Vol. 82, No. 2

EXECUTIVE SESSION

None.

PUBLIC PORTION

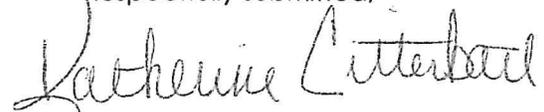
1st Public – Robert Boyle – thinks three approvals tonight are awesome for the Town. Very impressed with the work of the professionals and the Board members. Is grateful for it.

2nd Public – Ludmilla Mecaj, 9 Madison Street, Newton. Concerned with cannabis use in certain zones of the Town. Blight concerns in other states. Does not like odor. Did not vote for legalizing it. Would like Board to be more careful with what they allow.

No more public stepping forward. Portion closed.

Mr. Russo made a motion to adjourn the meeting. Motion seconded by Mrs. Hall-Romer. The meeting was adjourned at 10:08pm with a unanimous "aye" vote. The next meeting will be held on .

Respectfully submitted,



Katherine Citterbart

Planning Board Secretary