

515 Main Street

Mr. Polson advised the Olean General Hospital is proposing an expansion and renovation of its existing emergency department and parking areas at the facility. He invited the applicant to provide an overview of the project and outline of the proposal. Mr. Miller introduced himself to the Board as the Director of Facility Services and noted he was accompanied by Brad Chapman, President of the Olean General Hospital. He advised the hospital is proposing the construction of an approximately 13,000 sq. ft. addition, along with a complete renovation of the 10,100 sq. ft. existing emergency department. Mr. Miller added the proposed project would be a tremendous improvement for the community and level of care provided to all patients seeking medical services.

Mr. Miller advised the new construction would occur on the south side of hospital, adjacent to the current emergency department entrance. He noted the existing emergency department was constructed as part of the Vision 2000 Project between the years 1998 to 1999. Mr. Miller explained since that time, significant advances in medicine and technology have occurred, and modern medical equipment requires substantially more space than previously anticipated. Additionally, he indicated the renovation and expansion would address EMS access, patient privacy and mental health considerations, noting the current layout of cubicles separated by curtains, presents challenges in providing private and secure patient care. Mr. Miller advised the proposed project would include private rooms with doors for all twenty-five licensed beds. He emphasized that the hospital is not seeking to increase its licensed bed capacity, but rather to provide individual rooms for each of the existing twenty-five beds to better serve patients and elevate the overall patient experience. Mr. Miller advised the project would include two trauma rooms, a personal-sized room for patients requiring additional special equipment, two fast-track rooms for lower acuity patients, a larger employee breakroom, private offices, a unit clerk and charge nurse station and enhanced EMS access to provide initial treatment to reduce the patient wait time and improve triaging patients.

Mr. Miller noted a pinch point currently exists at the emergency department EMS entrance as this area also serves as the pathway to X-ray and CT services creating delays for both incoming emergency patients and those being transported for imaging. To address this issue, the proposed project would relocate the EMS and patient emergency entrances to a new designated area along the east side of the building. He explained the redesigned emergency department patient entrance would provide direct access to the registration and waiting areas, enhancing patient privacy, streamlining the intake process, and improving overall efficiency.

Mr. Miller added the hospital intends to purchase a second CT machine to reduce imaging backup and shorten patient wait times. He indicated the second unit would serve as a backup in the event maintenance is required on one of the machines. Mr. Miller explained when the current CT scanner is out of service, patients must be transferred to other facilities for imaging, which not only disrupts continuity of care but also occupies EMS resources.

Mr. Miller advised the proposed project includes the development of a Comprehensive Psychiatric Emergency Program (CPEP) which would be a secured, locked unit located within the emergency department to serve psychiatric short-stay patients experiencing a mental health crisis, while providing a safer more appropriate environment for evaluation and treatment. He explained the CPEP unit would consist of five private adult beds and two private pediatric beds separated with a common nurses' station. Mr. Miller advised the CPEP unit would be built to the New York State Office of Mental Health (OMH) standards and requirements and would be subject to inspection by the OMH for compliance. He identified the location of the CPEP unit on the Site Plan, noting the size of the unit would be approximately the size of the entire existing emergency department. Additionally, the CPEP unit would reduce the risk of the psychiatric patients leaving the emergency department without authorization, minimizing the need for local resources to locate and safely return the patient for continued treatment.

Mr. Miller advised a dedicated one-way drive aisle entry point would be maintained for EMS and emergency patient drop-off access from the Front Street entrance to minimize the impact of the new traffic pattern. Mr. Sabella asked for clarification regarding the location of the proposed patient and EMS entrance in relation to the existing location. In response, Mr. Miller referred to the site plan, and noted the existing drop-off location near the entrance to the X-ray department. He then identified the footprint of the proposed expansion, and explained both the EMS and public emergency patient entrances would be relocated to the front, south side of the facility. Mr. Miller indicated the reconfiguration of the emergency department would alleviate congestion and clear hallways allowing patients to enter directly into appropriate intake areas without passing through the center of the emergency department. He stated the elevator locations would remain unchanged. Mr. Miller noted the location and accessibility to the two proposed trauma rooms, triage areas, two fast-track areas with assessment capabilities, decontamination room, an airborne isolation room and two safe behavioral treatment rooms to assess mental health patients prior to movement into the CPEP unit while maintaining the existing sexual assault room. He noted the airborne isolation room would help to alleviate the spread of infectious diseases such as experienced during the COVID-19 pandemic.

Mr. Miller indicated the air handler and mechanicals would be located on the roof of the addition and shielded from public view set approximately 18' above grade. He added the roof of the addition would sit a bit higher than the existing structure to accommodate the additional rooftop mechanicals.

Mr. Miller advised the hospital anticipates a two-year construction schedule, with work to be completed in phases to ensure continued operation of the emergency department throughout the project. He advised a construction manager would be retained, and indicated the final details of the exterior design and temporary traffic patterns would be finalized as the project progresses. Mr. Miller also noted high-sitting windows are being proposed for the expansion to allow natural light to enter while ensuring patient privacy.

Ms. Kerper inquired about the anticipated timeline for the project once all necessary approvals are in place. Mr. Miller responded the hospital is currently awaiting approval from the OMH to proceed with

the preparation of the final stamped plans. He advised the Feasibility Study prepared by Clark Patterson Lee has been submitted to the OMH, which has recently advanced to the next level in the review process. Mr. Miller stated, pending regulatory approvals, the hospital anticipates commencing construction in July or August of 2026, with the goal of completing the foundation prior to next Winter. He outlined the next steps in the process, including completion of the construction documents, submission to the New York State Department of Health as part of the Certificate of Need application, and, following approval, go out to bid for the project.

Mr. Miller indicated the loss of parking on the south side of the facility near the existing emergency entrance. However, he explained the displaced emergency parking spaces along with five additional parking spaces would be recaptured through the expansion of the existing parking lot on the east side of the facility into the greenspace at the southeast corner of the hospital. Mr. Polson asked for clarification regarding the proposed parking area and traffic flow.

Mr. Miller responded the proposed project would modify traffic flow for EMS, law enforcement, and drive-up ambulatory emergency population with separate designated locations along the Front Street entrance. He noted the curb line along Main Street would remain unchanged, while the parking lot would be extended southward nearly parallel to Front Street into the existing greenspace area at the corner of Main and Front Streets. Mr. Miller further explained the four existing ADA-compliant handicapped parking spaces would be relocated slightly farther back to accommodate a canopy cover over the patient drop-off area at the main entrance to the hospital. He advised a two-way drive aisle would be maintained at the Main Street entrance and throughout the general parking lot.

In response to Mr. Beattie's question regarding the inclusion of traditional or snow fencing, Mr. Miller stated there are no current plans to install traditional or snow fencing. He indicated the proposed addition is expected to eliminate the need for snow fencing, and the hospital would prefer to provide a clear line of site for direction into the facility. Mr. Miller advised, while the Zoning Board of Appeals (ZBOA) approved an Area Variance of up to 8' to the right-of-way, the building would be located 17' from the right-of-way.

In response to Mr. Sabella's inquiry regarding the need for a Stormwater Pollution Prevention Plan (SWPPP), Ms. Kerper advised the total project area of disturbance is less than one acre; therefore, a SWPP is not required. Mr. Miller added a retainage wall would be required as part of the project to avoid encroachment into the existing swale. He also indicated the trees currently located on the site would not be disturbed. Ms. Kerper further advised the site plan has been referred to the City's Department of Public Works (DPW) divisions for review and comment, noting said comments would be provided upon receipt of the DPW Director's review. She advised any major concerns or recommendations identified by the DPW divisions would be provided to the applicant for consideration prior to the next Planning Board meeting.

Mr. Miller advised, as a stroke accredited facility, the proposed layout of the emergency department and its accessibility admittance to testing rooms would improve access to critical life-saving patient services.

Mr. Miller added the EMS entrance would include a ventilated screen wall designed to prevent exhaust fumes from entering the facility. He reiterated the EMS drop-off area would accommodate three ambulance rigs with the ability to back in and unload patients directly into the emergency department, which would include containing two trauma rooms, a unit clerk and charge nurse station to direct and coordinate patient treatment services.

Ms. Kerper referred to Code Enforcement Officer Ryan Reed's January 22, 2026 memorandum and advised the applicant received an Area Variance for the front yard setback along with an Area Variance for parking in the front yard from the ZBOA. She noted the current parking area available is legal non-conforming, yet with the new proposed parking area will net an additional five parking spaces. The correspondence noted the means of ingress and egress are appropriate, storm drainage is proposed in the center of the parking area which would be tied into the City's stormwater sewer, the dumpster area is existing and shielded from public view, and the greenspace is legal non-conforming that does not meet the minimum 10% requirement. Ms. Kerper added the exterior lighting would be night-sky compliant except for areas required by the Uniform Building Code. She noted signage is existing and there is no proposed signage except for identification purposes.

Mr. Polson advised the ZBOA was declared Lead Agency for a coordinated review under the New York State Environmental Quality Review Act (SEQRA). Ms. Kerper noted the Planning Board received a Lead Agency Request Form from the ZBOA on December 10, 2025. She further noted the Planning Board concurred with the ZBOA's designation as Lead Agency for SEQRA review. The ZBOA completed Parts I, II and III of the Full Environmental Assessment Form and, based on its findings that the project would not result in any significant adverse environmental impacts, issued a Negative Declaration for the project. Planning Board members concurred with the ZBOA determination and issuance of a Negative Declaration on the project.

A motion to certify the application complete was made by Mark Sabella, seconded by Jaye Beattie. Voice vote, ayes all. Motion carried.

After brief discussion, a motion was made by Jerry Steiner, seconded by Jaye Beattie, to set the public hearing for Monday, February 23, 2026 at 6:00 p.m. Voice vote, ayes all. Motion carried.

Ms. Kerper explained the public hearing process to Mr. Chapman and Mr. Miller and advised the materials for the public hearing containing the requirements would be emailed to Mr. Miller from the Department of Community Development this evening due to staff scheduling. Ms. Kerper advised the notices should be postmarked no later than Friday, February 13, 2026, and the signed Certification Form returned to the office prior to the public hearing. Mr. Polson noted the public hearing would be held in the Common Council Chambers to accommodate the public at which time the applicant may be asked to summarize the proposed project for those in attendance. He reiterated the project would have a positive impact on the community.

5. Miscellaneous Communications

Ms. Kerper advised there are two additional vacant seats on the Board due to the resignation of Reed McElfresh, and the December 31, 2025 expiration of Mary Fay's term on the Board. She indicated the three vacant seats on the Board would require appointment by Mayor Sherburne and approval of the Common Council. Mr. Polson noted the vacant seats are unfortunate as Reed McElfresh and Mary Fay have been valuable members who provided great input during their terms on the Board.

6. Next Meeting

The next Planning Board meeting has been scheduled for Monday, February 23, 2026 at 6:00 p.m.

7. Adjournment

A motion to adjourn was made by Jerry Steiner, seconded by Mark Sabella. Voice vote, ayes all. Motion carried. Meeting adjourned at approximately 6:37 p.m.