

VILLAGE OF COLD SPRING  
HISTORIC DISTRICT REVIEW BOARD

RESOLUTION ON CERTIFICATE OF APPROPRIATENESS

[X] APPROVE

Subject: Application of Butterfield Realty, LLC for Certificate of Appropriateness

Date: December 19, 2012

Moved by: Member Foley

Seconded: Member Early

WHEREAS, Butterfield Realty, LLC ("Applicant") is the owner of real property and improvements located at 65 Paulding Avenue, ("the Premises") in the Village of Cold Spring ("Village"), and has filed an application for a Certificate of Appropriateness pursuant to chapter 64 of the Code of Ordinances of the Village to demolish the former Julia L. Butterfield Memorial Hospital building on the Premises, comprised of the original 1925 building; the 1941 addition; the 1963 addition; the circa 1982 ambulance/emergency entry; the hyphen between the main mass and the Carolyn Lahey Pavilion; as well as accessory storage sheds to the south of the main mass. The Carolyn Lahey Pavilion is excluded from the application; and

WHEREAS, the Historic District Review Board ("HDRB") is empowered by chapter 64, section 64-5 to issue Certificates of Appropriateness to owners of real property within the Cold Spring Local Historic District (the "District"), and prohibits issuance of permits by Village officials regarding alteration of any improvement located within the District unless the HDRB has first issued either a Certificate of Appropriateness or a Certificate of Economic Hardship; and

WHEREAS, a public hearing was duly scheduled, advertised and conducted by the HDRB on December 5, 2012, at which time the Applicant appeared and was heard, and at which time the public was heard about the proposed demolition of the Premises, which proceedings were recorded by a court stenographer and a transcript received by the HDRB on December 11, 2012. The applicant submitted a memorandum of law and a report on the merits of the application for a Certificate of Appropriateness from Historical Perspectives, Inc., of Westport, Connecticut; and

WHEREAS, the HDRB conducted research of the Premises consistent with its authority under section 64-4G, and individual members contributed to three reports regarding the historical and architectural significance of the Premises and the District. The reports are the "Architectural Narrative," "Significant Architects Associated with the Julia L. Butterfield Memorial Hospital," and "Significant Personages Associated with the Julia L. Butterfield Memorial Hospital," all completed in December, 2012. The three reports were entered into the record regarding the Application to provide objective, reliable evidence, supported by archival research, for evaluation of the merits of the Application and the significance of the Premises and its surroundings to the history and character of the Village. The Architectural Narrative contains photographs of the Premises from the early years after the original hospital building was constructed in 1925 to the recent past, and traced the physical evolution of the Premises and the evolution of the hospital during the 20<sup>th</sup> Century; now therefore

BE IT RESOLVED:

The HDRB makes the following findings of fact:

1. The Premises is located within the Cold Spring Local Historic District. The District was created by Local Law No. 1 of 1976, and contained the Premises at that time.
2. The original building on the Premises was built in 1925, designed by nationally renowned architect Hobart Brown Upjohn with funding from the estate of Julia L. Butterfield, a resident of the Village, who also gifted the Julia L. Butterfield Memorial Library to the Village, and was the widow of Civil War General Daniel Butterfield. The first addition to the Premises was built in 1941, designed by architect Stanley Edison White, Sr. A second addition, designed by Cannon Thiele Betz & Cannon, was built in 1963. The Julia L. Butterfield Hospital was for several decades one of the largest employers in the Village, and a physical anchor of the community. The hospital closed in about 1993.
3. The Premises are bounded by Paulding Avenue and Route 9D and the building is visible from many adjacent locations, including areas of the adjacent streets. The Premises are surrounded by several historic homes on Paulding Avenue and other nearby parcels within the local District and the National Register District. These include the individually-listed West Point Foundry Preserve and the Grove. Other parcels are more modern, including Chestnut Ridge on the opposite side of Route 9D from the Premises.

4. Photos of the Premises as it first appeared to the present time are in the record and show the changes to the hospital building located on Premises over time, and in particular the architectural character of certain improvements.
5. A substantial portion of the original west façade of the 1925 building is visible from the public right of way. Other facades of the original Upjohn building have been covered over, and the third floor and roof of the original building were removed during later expansions of the hospital. The 1941 and 1963 additions are visible in their entirety from the public right of way.
6. The inclusion of the Premises in the District is evidence that the Premises  
[X] meet  
[ ] at one time met the  
qualifying characteristics set forth in section 64-6(G) and (J) of the Village's  
Code of Ordinances ("Code") for creation of the District.
7. The Premises  
[X] possesses  
[ ] does not possess features  
and history that contribute to advancing the purpose of the District to preserve and  
protect the Village's "historic aesthetic, architectural and cultural heritage" as  
expressed in sec. 64-1(B)(2) of the Code.

8. A survey of the District conducted in 2010 by Larson Fisher Associates

☐ is sufficiently detailed; or

☒ lacks adequate detail and is lacking archival research to support its conclusions about the significance of the Premises, and is limited in scope to visible exterior features of the Premises, and makes no evaluation or conclusions about the compatibility of the Premises with other buildings in the District.

The HDRB accordingly

☐ credits or

☒ accords limited weight

to the Larson Fisher Associates report for the purpose of this application.

9. The Historical Perspectives, Inc. report submitted by the applicant is

☐ credited as evidence that the Premises is radically changed by its history of expansions that have destroyed architectural features that it once possessed to the extent that the current structure should be demolished; [or]

☒ accorded limited weight as evidence due to its excessive reliance on the Larson Fisher Associates survey, lack of proper references to archival, primary sources to support its assertions and recommendations, omission of adequate discussion of the Grove National Register site and the compatibility of the proposed demolition on the Grove and other significant nearby properties, and contains some statements of fact that conflict with the facts established by the HDRB members' research contained in the record of the application.

10. [X] The argument that the fact that the Premises were never nominated to the National Register is evidence that it possesses no historic character is unpersuasive; inclusion in the District by local law is a proper recognition of the historical, architectural and cultural character of the Premises. The fact that the District was created by local law by the Village, and includes buildings in the District that may not be eligible for National Register status is evidence of the Village's policy to preserve and protect buildings in the District without regard to the eligibility of any particular building for nomination to the National Register.
11. [ X ] The applicant's contention that the Premises is not a 19<sup>th</sup> Century structure is not relevant to the application before us. While it was not built in the 19<sup>th</sup> Century, the District contains many properties that are not 19<sup>th</sup> Century structures, and the protection of the District is not limited to 19<sup>th</sup> Century buildings.
12. [ X ] Architects Hobart Brown Upjohn and Stanley Edison White, Sr. are found to be historically and professionally significant personages and architects who were associated with the Village and the Premises for the reasons set forth in the report "Significant Architects Associated with the Julia L. Butterfield Memorial Hospital," in the record. Upjohn also designed the Julia L. Butterfield Memorial Library that remains intact today and the St. Mary's Church rectory; he designed other structures in and near the Village in the early 20<sup>th</sup> Century. He attained national acclaim for his association with historic buildings, including churches and hospitals. Stanley Edison White, Sr. was a regionally acclaimed architect who was a resident of the Village beginning in 1929. He designed numerous

substantial public buildings in and around Putnam County, including schools, fire department buildings and municipal structures. As a result of the work of these designers, as well as the later work of Cannon, *et al*, the Premises embodies characteristics from different architectural styles and periods, mentioned in the Code, section 64-6(G)(3).

13. [ X ] The report "Significant Personages" documents the reason that the Premises is deserving of the protection and preservation due to local register status as provided in section 64-6(G)(2), "...is identified with one or more historic personages who significantly contributed to the development of the community..." Julia L. Butterfield, Dr. Walter Timme, Dr. Coryell Clark and Carolyn Smith Lahey are significant personages associated with the Village and the Premises, for the reasons set forth in the report "Significant Personages Associated with the Julia L. Butterfield Memorial Hospital," in the record.
14. [ X ] Ida Helen Haar Timme was a significant personage on the national level as described in the report "Significant Personages Associated with the Julia L. Butterfield Memorial Hospital" for her activities as a suffragette and advocate for the 19<sup>th</sup> Amendment. Dr. and Mrs. Timme maintained a home near the Village, and were patrons and benefactors of the Julia L. Butterfield Memorial Hospital with a leadership gift for the 1941 expansion made by Dr. Timme after Mrs. Timme's death in 1940. The 1941 addition was named in memory of Mrs. Timme.

15. The complete demolition of the Premises would leave the Parcel largely unimproved, which
- [ ] conflicts with [or]
- [ X ] does not conflict with
- the policy and purpose of the District to “protect, enhance, perpetuate and preserve historic resources located within the District.” and “[s]afeguard the [Village’s] historic aesthetic, architectural and cultural heritage as reflected in the improvements located within the District.” Section 64-1B(1) and (2).
16. The past and present architectural character of the original building and the two additions comprising the Premises is presented in the report “Architectural Narrative: The Julia L. Butterfield Memorial Hospital,” in the record. The report includes photographs showing architectural features of the hospital building since 1925 to the recent past. The report traces the physical evolution of the Premises, and its relation to the evolution of the Village and medical/ hospital services after 1925.
17. [ X ] The demolition of the Premises will permanently remove any and all existing architectural features of the former hospital building, including those that survive and are documented in the Architectural Narrative.
18. Complete demolition of the building will leave the Premises absent its primary structure, with little surviving historical, architectural or cultural relation to the nearby properties in the District. However, over time, the Premises have not possessed a strong relation with nearby parcels in terms of its use and



architecture. The use of the Premises as a community hospital was unique- very different than the smaller scale, largely residential parcels nearby. The Premises functioned as a civic building with a public, community-oriented use, unlike many adjacent parcels. The mass and style of the Premises and the materials therefore are different from the nearby parcels, historic or not.

19. Despite testimony at the public hearing, the HDRB makes no findings respecting issues that are not relevant to the determination of the application for a certificate of appropriateness, such as the ultimate use of the Premises and the likelihood of the Premises being rehabilitated.
20. The Premises is currently deteriorated after approximately 20 years of being vacant, and may threaten property values of other nearby parcels in the District. No evidence of the extent of the risk has been presented, and no definite finding is made by the HDRB.

[ X ] The HDRB makes the following conclusions of law in favor of approval of the Certificate of Appropriateness:

1. The demolition requested by the Applicant is appropriate to the purposes for which the District was created. The condition of the structure, and the history of change of the structures during radical expansions, has eliminated the more significant architectural features of the building. There is accordingly little left of the structure worthy of preservation. See sec. 64-7A(1).
2. The demolition of the Premises results in the removal of the former hospital building. This removal does not do damage to the District or other nearby

parcels in the District. While the demolition will for the first time since 1925 remove the hospital building from the neighborhood, the effect on nearby properties in the District will not be extreme. The mass of the hospital building has always been much larger than most nearby properties, the use of the Premises has long been more intensive than surrounding residential areas, building materials of the structure have not related closely to the materials and styles of surrounding residential area in the District and so the compatibility of the hospital building with the surrounding properties has not been ideal. Removal of the building will change the compatibility of the Premises with the neighborhood significantly, but we cannot conclude that the change will cause injury to the historic properties in the District, given the radical loss of architectural elements over the years from the additions to the original hospital building. Sec. 64-A(2) (a) through (e).

3. The purposes behind the Village's creation of the District, set forth in section 64-1(B)(1) and (2), to "protect, enhance, perpetuate and preserve historic resources located within the District," and safeguard the Village's "historic, aesthetic, architectural and cultural heritage as reflected in the improvements located within the District," would not therefore be achieved by the preservation of the building because of the loss of aesthetic significance of the building over time. See sec. 64-7A.
4. The limited negative effects to the District derived from the demolition are expected to be temporary and are expected to be addressed when the owner seeks approval of a construction plan for the Premises.

5. It will be important for the Village Board of Trustees and the Planning Board to initiate the SEQRA review for the overall development plan to address District issues in a manner that is in proportion to the significance of architectural and historical policies concerning new improvements in the District. The lead agency should be selected and the review commenced by the Village before this Board is called upon by the applicant to approve another Certificate of Appropriateness, this time for construction on the Premises. Such development will have significant impacts on the District and the significant properties in the District and as a Type I action should have the benefit of an environmental impact statement before further permits are applied for.
6. The condition of the building is largely beyond effective salvage.
7. Conditions are imposed on the issuance of the certificate:
  - (a) to require the performance of a professional historical and architectural survey of the Premises, including photographic evidence, before it is demolished to document what remains there now and its significance;
  - (b) to require the archiving of said survey in a publicly accessible collection;
  - (c) to require the retention and reuse of the Ida Timme Memorial Arch in a prominent and publicly accessible location on the redeveloped site.

The application for issuance of the Certificate of Appropriateness is approved.

The members voted as follows:

Chairman Zgolinski: nay

Member Bachan: aye

Member Downey: aye

Member Early: aye

Member Foley: aye

This resolution, dated December 19, 2012, to approve the issuance of a certificate of appropriateness for the demolition of the Julia L. Butterfield Memorial Hospital, was carried by a vote of the Village of Cold Spring Historic District Review Board; as the duly appointed chairman of the Historic District Review Board, I certify that this resolution is approved.

Dated: January 10, 2013



ALBERT ZGOLINSKI, CHAIRMAN

Copy distribution: Applicant Butterfield Realty, LLC; Mayor; Board of Trustees; Planning Board; Zoning Board of Appeals, Building Inspector

We had before us an application for the total demolition of the Butterfield Hospital. Although I do not personally have past experience the applicant, I am told that during his application for the lumberyard project he operated in a spirit of compromise. Last winter and spring, as he met with the trustees and the planning board, he struck me as a developer who was willing to meet community desires and modify his approach to his project to meet community needs. I believe that when he first began having conversations with the HDRB, he came in that same spirit of compromise. Had our negotiations with him been allowed to play out as they normally do with other applicants, I believe that we would have a different application than we had today, and this community would not have been faced with such a difficult question—an up or down vote on the complete demolition of an historically significant public structure.

Having said that, we are a board of trained professionals appointed by virtue of our expertise to adjudicate applications for material changes to properties within the historic district. Two of us are trained architects, two are trained planners, two are trained architectural historians, one is a respected professional in an allied field. All of us are dedicated public servants who are committed to fair and rational public process. We bring our expertise and professionalism to bear on all of our deliberations. I speak for myself, but I have confidence that the same is true for all of my colleagues at the table: the background noise of the controversy related to this application has not impacted my considerations. My job is to follow an objective evaluative and deliberative process and to uphold our local ordinance. I believe that I and my colleagues have met the requirements of that job thoroughly and ethically.

Demolition of an historic resource is the ultimate alteration. Once a resource is lost, it is permanently and irrevocably lost. That is why this board, charged with the protection of the village's historic resources, must take a proposal for demolition so very seriously and consider it so very carefully. Our efforts to document and understand a property being considered for demolition are necessarily more extensive and detailed than they would be for a window replacement, for example, or a porch enclosure. The research this board conducted and the reports based on it, which have been referenced in the record, are part of our required evaluative process. They are collections of cited facts related to the individuals associated with the hospital, its role in the community, its historical context and the existing conditions on the site. They are not conclusory, but documentary; that is, they draw no conclusion for the outcome

of the application. Simply, they are part of our due diligence which we are required to conduct to understand a property and to assess its merits before drawing a conclusion on its demise.

In this proposal, the applicant has submitted limited research on the subject property. That report, the HP report, is filled with factual errors, thinly referenced, and biased for a particular outcome. Had we based our decision on that document alone, the case could very easily be made that our decision was arbitrary. However, I feel confident that our process of fact-finding demonstrates decisively that our review has been anything but arbitrary. We have left no stone unturned.

Many assumptions have been made by the press and the public about the position of individual members of this board, and whether we had pre-determined our votes. I can tell you that for my own part, and I would venture to guess that for my colleagues, as well, this process has been challenging in terms of the preservation theory questions that it raises. I think we have all struggled to reach our individual conclusions. It's a tough question when a property is important and protected, but not pretty and not perfect. Assessing and determining my vote has been difficult and has required a good deal of thought, right up until the hours before this session. I've lost sleep considering this application. I have worked in preservation for nearly fifteen years and this is by far the most difficult deliberation I have had to undertake.

I have taken a two-tiered approach to the application, and it is one that I believe follows sound and generally accepted preservation principles. By weighing the findings of our research and the limited and biased research of the applicant, as well as the physical evidence of the architecture, its construction and its existing conditions, I assessed the hospital's significance first and its integrity next.

### **Significance**

I have no question in my mind that the hospital complex is historically significant on the local level when considered as a whole. I draw here from our ordinance:

- by virtue of its role as a community hospital and a major employer in the village it possesses a particular historic interest and value as part of the cultural political, economic and social history of the village
- by virtue of its unique public function, it possesses special character and value in the local community

- it is clearly identified with a number of personages who significantly contributed to the development of the community; and at least one, Ida Timme, who contributed to the political and social development of the state and nation; the structure itself stands as a memorial to their achievements and generosity
- it embodies the distinguishing characteristics of several architectural styles, construction methods and historic periods, particularly as they relate to the provision of public health in the US
- it is, in part, the work of one designer, Hobart Upjohn, whose work influenced his age on a national scale, and in part that of another, Stanley White, who was important and influential locally and regionally; however the 1963 was designed by architects of no particular merit, Cannon Thiel Betz & Cannon and is but one of many examples of their hospital designs
- by virtue of the hospital's prominent siting and location at a gateway to the village, the configuration of its component parts, and the distinct but related architectural characteristics of each of those parts, it does represent an established and familiar visual feature of the community
- it is a complex with component parts which on their own lack individual distinction, but read as a whole are cohesive and indicative of the 20<sup>th</sup> century evolution of the design of public health care facilities

### Integrity

The necessary second step of my assessment was the question of integrity. According to the Secretary of the Interior, integrity is the ability of a property to convey its significance. It does not reference, as has been suggested in previous testimony by the applicant and the public, a structure's condition or degree of decay. If that were the meaning of integrity, by way of local example, the once derelict, collapsing and highly modified Chapel of Our Lady would not have been deemed worthy of preservation. Similarly, we would not still have Ellis Island today if structural condition were the deciding factor of integrity

The integrity of the hospital—its ability to convey its significance—is an incredibly complicated and difficult question, and I have struggled with it. The challenge we have is the unfortunate 1963 addition, which I see as a significant encumbrance to the integrity of the property.

Architecturally, the most significant and distinct element of the hospital was its original 1925 construction. That structure was radically modified when the 1963 addition was added. Much



portion. When Mr. Guillaro first came to this board in a September workshop session, he floated the idea of restoring the original 1925 Hobart Upjohn design. Although this idea is no longer on the table, it bears referencing. We must all be aware that this board could not legally request such a restoration since that portion of the building was so heavily modified in the 1963 addition, lost such an extensive degree of its integrity and was largely obscured from public view. Importantly, its most obvious character defining feature, the side-gable roof, was removed. As I understand the law, restoration of that structure would have to be done at the voluntary election of the applicant, and could not be required by the HDRB. I would argue that this approach would additionally be wrong-headed in terms of preservation theory. It would not be a restoration, but a reconstruction of a building that has lost its integrity. Were a developer to seriously propose this remedy, I would in fact advocate for a new design that was reflective of the original, but recognizable as a product of its time.

The hospital's 1963 addition, the Clark Pavilion, is itself a product of its time. There should be little doubt among anyone paying any attention to this board that I embrace modern architecture and believe in its preservation as much as I believe in the preservation of structures from earlier periods. But the Clark Pavilion, as executed, is not a stellar example of the style. It is a cookie-cutter example of a tightly budgeted mid-century hospital upgrade, designed by a firm that churned these commissions out nearly as quickly as they were received. There is little about the Clark Pavilion that is distinct or of some special quality—it does not convey the specific significance of Cold Spring, of the Julia L. Butterfield Memorial Hospital, or the significance of Dr. Clark. It does, unfortunately, convey the hack work of architects Cannon Thiel Betz & Cannon.

This leaves the 1941 Timme Wing. The Timme wing is the most intact portion of the hospital. Except where a fire stair was added at the southeast end in 1963, it is unmodified, retains its character-defining features, communicates its original purpose, and is largely structurally sound. As stated by a member of the public, it has evolved to be an important street face of the complex, given its relationship to route 9D.

### Deliberation

What, then, to do? The application was for total demolition. How are these components, which are related in their significance and design evolution but disparate in terms of their degrees of integrity, assessed to determine the acceptability of their demolition?



This is a place in preservation where black and white thinking isn't helpful. Plain and simple, there's a lot of gray. The judgment call that I made as an architectural historian and preservation planner was to determine what I believed to be the portion of the complex that retains the highest degree of significance as well as integrity. I believe that is the 1941 Timme Wing.

The constraints of the application don't allow us to consider the retention of a single element. It's all or nothing. Therefore, I had to ask myself if I thought the significance and integrity of the Timme wing outweighs those portions – '25 and '63 – which are significant but lack integrity, and whether I thought that balance would justify the retention of the whole. I think that they do not. The Timme Wing could not stand on its own. That is, if all that remained of the hospital were the Timme Wing it, in and of itself, would be less significant in terms of its historic associations, it would be less significant architecturally because of its derivative design by a lesser architect, and it would not have the ability singularly to convey the overall significance of the complex. Even if the application were structured differently and we had the ability to consider the retention of one portion, I believe that my conclusion would be the same: that the Timme Wing would not have sufficient integrity to justify its retention.

I have also carefully considered the hospital in terms of its context within the historic district. I believe that its once pastoral setting on the edge of the village has been lost to the subsequent 20<sup>th</sup> century development around it. This is not to say that I believe that old and new cannot live together in an historic district. To the contrary, I believe that historic districts are not museums; they are living organisms that evolve over time and should reflect architectural and cultural change. A mix of dates and styles communicates a vibrant, thriving community and I believe such a mix should be encouraged. I believe that the ongoing maintenance of that compliment and compatibility is a critical part of this board's job.

But in terms of the hospital, I believe that its original context has been changed, for better or for worse. Its loss, therefore, does not necessary erode a singular historic context, nor does retaining it necessarily preserve a pristine historic context. I believe the overall impact is neutral. In this portion of the district, the context is blended and diverse. I included in my assessment the careful consideration of the surrounding national register parcels and national register-eligible parcels, as well as the adjacent portions of the local district.

For all of these reasons, I voted to approve the demolition of Butterfield Hospital.

### Further Considerations

I am confident in my vote because I feel that I gave the Butterfield Hospital complex its due in my research, evaluation and deliberation. I believe that I asked hard and complex questions and considered every aspect of the application and its impact on the district.

What pains me about my vote is the embodied energy that will likely be sent to the landfill so when the redevelopment proceeds. This is not an issue of purview for this board—of that I am well aware. Clearly it did not influence my vote. But I would like to encourage Mr. Guillaro, given the space requirements that he seems to be pursuing, to at least retain the sound and flexible architecture of the Timme Wing. I hope that members of the public with similar concerns will pursue this possibility with Mr. Guillaro.

### **Further Considerations**

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Remarks of Carolyn C. Bachan at HDRB Meeting Dec. 19, 2012

1. I listened to all views at Public Hearing, read all reports and analyses submitted to this Board and prepared by this Board, read news coverage in both local newspapers, went on the site tours. Neither the LFA study nor the HPI study complies with a standard of professionalism. Sive Paget legal memo is quite shallow for a firm of its stature, and includes some arguments that are simplistic, blindingly narrow, based on factual errors and internally inconsistent. Public hearing was in some ways a memorial service with speeches about the 87-year-old departed and a memory board attesting to the vitality and beauty in its past. Others at the public hearing pointed out that the departed made some bad lifestyle choices around 1963, had a mid-life crisis, and had aged very badly.
2. I have come to the conclusion that parts of the building physically and visually possess historic character consistent with the overall built environment of Cold Spring, not just Main Street, but the Village and its historic districts as a whole.
3. I have come to the conclusion that persons significant to the history of Cold Spring and/or to the nation were associated with the building, even if only in a memorial sense.
4. I have concerns about the feasibility of restoration of any portion of the building, and the extent and condition of any remaining historic fabric. Any building can be restored if you throw enough money at it, but to do so might not be based in reality...not really sensible.

5. Despite all the above, my vote rests on two issues and two issues alone: ability to observe remaining historic fabric from a publicly accessible ROW, which is what Village Code specifies as does the Design Standards of the HDRB; and the fact that the application is for demolition of its entirety, not of selective sections. We cannot use X-ray vision or decide to approve one phase and not another.
6. I would hope that the applicant takes the design of the original 1925 hospital into consideration, even in the most literal sense, in developing plans for other buildings on the site. The applicant's proposed mitigation in the form of a gallery in some building sounds unimaginative. One would prefer a living memorial that people who are interested in this Village's history will actually encounter, such as establishing an endowment to Putnam History Museum, enabling those professionals to appropriately memorialize the legacies represented in the hospital's development.

## **PERSONAL STATEMENT BY AL ZGOLINSKI**

Review of this application has been the most arduous of my tenure on this Board. It is the most difficult but at the same time it forced me to examine the very basic reasons why this Board does what it does each month. To me the Village Code is very clear in what the most important criteria that we should consider and that is stated in paragraph 64-7.A (1):

“Insofar as possible, the proposed alteration shall retain exterior architectural features of the designated property which contribute to its historic character as seen from the street.”

Demolition of the building retains none of the exterior features, whether historic or not. Since the building is in our Historic District, I feel it is necessary for our Board to look at the historic significance of the building as part of our review. From all of the discussion about criteria, it is also clear to me that the onus of proving that the building IS NOT historic is on the Applicant. Therefore, I would like to address how I personally view the points raised by the Applicant in the document he submitted:

### **Statement of Facts:**

The Purpose of the Cold Spring Historic District is to preserve the Village's 19<sup>th</sup> Century architecture: Our Board spends a lot of its time doing just this. However, the claim by the Applicant that this is our only purpose ignores the very clear statement in the Village Code which in paragraph 64-1. B (1) states as public policy to:

“Protect, enhance, perpetuate and preserve historic resources located within the District.”

To me it is unambiguous that history matters in our Historic District.

The Building retains no exterior architectural features of historic significance: This is really the crux of issue before us. The Applicant submitted for consideration a report prepared by HP, Inc. and refers to the survey performed by Larsen Fisher Associates to support their contention that there is no historic fabric to preserve.

I will begin with the Larsen Fisher Report. This was a survey undertaken by the Village under a Certified Local Government grant. Larsen Fisher Associates was hired as the consultant to perform this survey. The purpose of the survey was to update the description of exterior features of the buildings in the Marston Fitch Report from 1976 and to add descriptions of the buildings in the District which were not included in that report. There are approximately 500 buildings in the District and the fee agreed on would only allow an average 16 minutes of time for each building. No in-depth archival research was expected and none was performed. The report was a comprehensive survey of the District but not a comprehensive study of each

building. There were some disagreements between the HDRB and LFA on the finding. As a result, this survey is still a work in progress.

With respect to the HP, Inc. report, I have similar concerns. It relies on the Larsen Fisher Report, on newspaper articles and what appears to be a superficial web search. The author admitted that she never went inside the building nor reviewed the plans available from the 1963 addition. There are factual errors in the report. I am not convinced of the conclusions the report reaches.

The HDRB began research on the building before any application was received because the Board felt it was important to be informed of the history of the building. We felt we needed to be informed to better evaluate any proposed changes particularly if the proposed change is to demolish the building. This effort represents hundreds of hours of research and work digging out this information. There was no preconceived point we were trying to prove, we just wanted to find out the history. That information is contained in the reports we prepared, in articles published in the newspaper and is on the Village website for anyone to view.

However, the real question is does this information make the building "historically significant". This leads us to the discussion about the criteria in Village Code paragraph 64-6 (G). The Code very clearly states that the buildings already in the District comply with one or more of these criteria. To me, it is entirely reasonable to use these criteria to evaluate the historic significance of such a building whose demolition is being proposed. In my experience in working in the field, these criteria are typical and this has been confirmed by several NYSHPO representatives. None of this is either arbitrary or capricious.

I find that the building is associated with personage who had a significant impact on the history of Cold Spring [64-6.G(2)]. I feel that portions of the building were designed by architect of national and local significance [64-6.G(4)]. Most importantly, I find that the Butterfield Hospital, when it was operational, was a significant civic institution in the Village. It was a municipal entity run for the benefit of the Village. It supported the Village and the Village supported it[64-6.G(1)].

The last part of the question is whether there is historic fabric to preserve. Contrary to the claims of the Applicant, a portion of the 1925 building's west wall is visible. Most of the 1941 is visible and certainly the 1963 addition is visible. While the extent can be debated, I feel there is historic fabric to preserve.

The building has been vacant and decaying for decades: The condition of the building as no correlation to the historical significance or lack thereof. It does indicate a lack of effort to maintain on the part of the owners.



**Arguments:**

The HDRB is empowered to grant a Certificate of Appropriateness for demolition of buildings: I agree.

Since the building's demolition meets all of the criteria in the Village Code for the grant of a Certificate of Appropriateness, a denial would be arbitrary, capricious, irrational and contrary to the law: The materials submitted by the Applicant do not support this argument. Demolition of a structure within a Historic District is irreversible loss of an artifact of Cold Spring history. Once it is gone, it is gone forever. The Village Code requires that we protect historic resources in the Village. The Applicant has not demonstrated that demolition is justified.