

Kyle Burrows
Public Consultation
Presentation to the OCPM
June 28, 2011

My name is Kyle Burrows, and I have lived on Cedar all my life with my family in a condominium directly next to the proposed clinic. As both a graduate of McGill's School of Architecture and a resident of the area, I believe I have a fairly good understanding of the issues surrounding the project, and would like to express some of my concerns.

The presentation I will be making is a personal one. I would like to explain how the expansion of the hospital will have an important impact on my family's quality and enjoyment of life, our home security, the value of our property, and future impacts of the expansion in the neighbourhood.

Growing up on Cedar Avenue I was always aware that our city block was unlike many others. While other children played hockey in the streets, we were woken up by sirens. On Halloween, there was little to be done at home because the vast majority of the block was taken up by the hospital. But the area retained a residential character, as we held barbeques in our backyard with our neighbours and frequently saw families take the stairs opposite our house to walk up the mountain. The former building at 1750 Cedar was an apartment building that had become rundown through the years. Walking along Cedar in front of the hospital, there are daily incidents of cars that have been broken into, with the shattered window glass covering the sidewalk. I had hoped that a new residential project would contribute to turn the tide in this area, and reintroduce a sense of community. The hospital's expansion represents a change to an existing residential zoning, transforming a desired mixed-use quality of the neighbourhood in favour of a large hospital complex, with few residences driven to the edges of the block.

There were numerous negotiations over the past couple years concerning even this residential complex. With my bedroom facing directly onto the 1750 property, I obviously had some concerns. However, once an arrangement was reached, concerning the zoning, building footprint and look of the building, it is now frustrating to me to see all that work erased overnight.

One of my first impressions of the new project is that the expansion of the hospital to 1750 Cedar represents an incredible invasion of privacy. The building, whose skeleton looms mere feet away from my window, was built to close to ours with minimal side and rear setback because it was intended to be a residential building.

There is no consideration for a buffer zone accounted for in the plans: no hedges or trees, no plantings, no landscaping. In fact, there seems to be hardly any consideration that there is a property next door at all.

The side elevation has two 3-storey glass curtain walls looking directly into windows, our decks and into our garden. The hundreds of visitors using the clinics and offices every day will find it hard to overcome their curiosity and not look into our home, if only just to pass the time. And we all know that hospitals mean waiting.

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The three-sided curtainwall windows will increase light emission in all directions, projecting light towards us and at the mountain. The window bays as shown on the plans do not make any provision for roofs and from the renderings, the floor slabs inside the windows do not correspond to levels indicated by the entrance. These sheets of glass are completely alien to the street vocabulary of the Golden Square Mile.

The neon lighting from these windows will represent 24-hour light pollution for us and for the mountain, as a hospital never sleeps. There is also no guarantee that as needs and patient demand increase, the weekday opening hours will not be increased to include evenings and weekends.

The plans do not show the commercial-sized ventilation and air conditioning units for the buildings. Whether they are planning to have them on the roof, side or rear of the property, it is unacceptable to have commercial units visible and audible in a residential neighborhood. The existing residents are much too close to these buildings, thanks to the MUHC's circumvention of proper institutional setbacks and maximum percentage site coverage by negotiating to buy the residential property mid-construction. The ventilation will create significant noise, odour, and air pollution outside, and we must presume that the ventilation will be unsightly, noisy and intrusive in every way. Again this will have a significant impact on our quality of life whenever we or our neighbours open our windows or sit outside. Quiet evenings on the deck or in the garden will become an impossibility.

The intention for 1750 to be built below the natural and existing grade of the properties will require substantive retaining walls, otherwise the already evident erosion of our property at the west side property line will continue. The side wrought iron fence and plantings are already suffering.

Parking for guests visiting us is nearly impossible now. With the expansion, it will be all the more difficult. There is nowhere for them to park on the street and this will only get worse. We have trouble getting into our own driveway as it is, because visitors to the hospital feel they have a right to block our entranceway. When they do not, the taxis do as the taxi stand is only allotted two spots for the entire hospital, never mind the new clinic.

The presentation by the MUHC lacks transparency in terms of the traffic in the clinics and offices. Plans indicating the number of patients and staff allotted per hour to the various waiting rooms, consultation rooms, operating rooms, etc, have never been shown, making it impossible to truly project the increase on vehicular traffic this building will create. I have my doubts with regards to the 10% increase promised by the hospital.

The building makes no attempt to integrate itself into the existing residential environment aesthetics. Architectural elements such as the rust-coloured metal-cladding at ground level on Cedar next to the sidewalk and glass curtainwall bays throughout the project are commercial,

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sterile, and totally alien and insensitive to the residential neighbourhood. It doesn't even match the stone base, window or brick details of the existing hospital.

Finally, the Mountain seems to be the forgotten entity in all this. We should not be encouraging institutional development any closer to Mount Royal's Cedar access point. The Mountain is meant to be an oasis for all Montreal citizens. Institutional neighbors such as the Shriners Hospital have always landscaped and planted their frontage on Cedar and are an excellent example of how to coexist within a mixed use area, yet they were not allowed to expand, necessitating their move to the Glen. The institutionally-zoned building directly opposite from the hospital will now soon be empty, yet there was apparently no feasibility studies using that site as part of the hospital.

The Montreal General has a history of not making an effort to landscape or clean the area it fronts onto on Cedar. The wrought-iron fence along Cedar is broken and rusty and has never been maintained. No apparent effort is made to pick up litter or garbage. The landscaping lining the street consists largely of weeds. The metered parking area for visitors parking on Cedar Avenue is home to regular car break-ins; glass from many broken side windows is left for cars to roll over and pedestrians to step on.

Security cameras or patrols are never contemplated to help alleviate the problem, and by extension, the area outside the proposed clinic and office will have the same problem. Already, smokers throw their cigarette butts onto the residential lawns while walking from Cote des Neiges to the hospital. The butts have even set lawns on fire on dry autumn days. The path to the city's most important park should not involve a trek past an unsightly institutional clinic.

There is room for the hospital to expand within its own property without encroaching on Mount Royal's protected patrimoine heritage area. The historic residential Golden Square Mile is already eaten up by McGill and the MUHC Campus. The old mansions and land have been replaced with an institutional face. Unsightly air conditioners are stuck in grand windows, front lawns are denuded of green space and paved for employee parking.

While residents are held to strict aesthetic and building regulations in the heritage area; institutions seem to flaunt these standards. Protected historical areas in other cities would never allow residential zoning to be changed to institutional mid construction, and would call for a referendum before moving forward.

I urge you to rethink any impulse you may have to endorse the zoning changes and overlook the serious project derogations entailed in this expansion.