THE MINUTES OF THE 390th STATED MEETING OF THE PHILADELPHIA HISTORICAL COMMISSION

11 January 1995

Wayne Spilove, Chairperson
City Council Caucus Room
Room 401 City Hall

Present Wayne Spilove
David Brownlee
Terry Gillen, Commerce Department
Barbara Kaplan, City Planning Commission
Bennett Levin, Department of Licenses and Inspections
Arlene Matzkin
Susan Rabinovitch
Robert Vance, City Planning Commission
Peter VanderHeide, Department of Public Property
Scott Wilds, Office of Housing and Community Development

Richard Tyler, Historic Preservation Officer
Randal Baron, Assistant Historic Preservation Officer
Lori Plavin Salganicoff, Historic Preservation Specialist
Jeffrey Barr, Historical Research Technician

Jeff First, Office of the City Solicitor

Also Ruthanne Madway,
Washington Square West resident
Ray Lamorgese, Wills Eye Hospital
Stephen A. Ryan, President, Abbot, Inc.
Jennifer Goodman, Preservation Coalition
Milton Marks, Preservation Coalition
Judith Eden, Center City Residents Association (CCRA)
Bobbye Burke, CCRA

The 390th Stated Meeting of the Philadelphia Historical Commission was called to order at 10:15am by Wayne Spilove, Chairperson.

THE MINUTES of the 389th Stated Meeting of the Philadelphia Historical Commission held on 14 December 1994, Wayne Spilove, Chairperson, were approved by unanimous vote and adopted after a motion was made by Mr. Wilds and seconded by Dr. Brownlee.

REPORT OF THE ARCHITECTURAL COMMITTEE, Arlene Matzkin, Chairperson

219 AND 221 SOUTH 9TH STREET
Ray Lamorgese, Wills Eye Hospital
Stephan Ryan, Abbot, Inc.
PROPOSAL: Reconstruction/Demolition
Architectural Committee Recommendation: Disassembly and reconstruction of 219 and 221 South 9th Street facade walls using lintels, sills and other architectural elements salvaged from the historic facade.

These two buildings are part of a seven building row listed on the National Register of Historic Places for their association with the nationally renowned architect William Strickland, who owned and lived in 219 South 9th Street. They also appear on the Philadelphia Register of Historic Places. The buildings experienced a fire in the summer of 1994. In October 1994 they were bought by Wills Eye Hospital, which was aware of the buildings' conditions and of their historic designation at the time of purchase. Abbot, Inc., a wholly-owned subsidiary of Wills Eye Hospital, submitted a proposal to salvage the lintels, sills, etc. in the course of a total demolition, for later reuse in a design to be submitted to the Commission at some future date. Abbot and Wills Eye Hospital have also purchased several other properties on the block, but do not have certain development plans for the future of the block. The Hospital sits directly across from the row.

Prior to this meeting, Mr. Ryan of Abbot, Inc., informed Mr. Tyler that he believed that the order to repair or demolish the two buildings issued by the Department of Licenses and Inspections would override the concerns of this Commission.

Mr. Tyler gave a brief description of the recent history of the buildings and related Committee and Commission action. A demolition permit application came before the Architectural Committee at its 29 November 1994 meeting, attached to a Department of Licenses and Inspections violation classifying the buildings as "dangerous." The Committee voted to make no recommendation to the Commission until more information, such as a structural engineer's report, was made available and urged the Applicant to have this done as soon as possible. So as not to waste time, Committee members agreed to revisit the issue over the phone as soon as the engineer's report was received. The Committee reported this decision to the Commission at its 14 December meeting.

In a report dated 20 December 1994, the structural engineering firm Keast and Hood reaffirmed their earlier assessment of 17 May 1978 for the hospital. The report described that both facades were dangerously bowed and should be removed, that lintels, sills and other elements could be salvaged for reuse on a reconstructed facade, and that the roof of 219 should be replaced. The Keast and Hood report does not indicate that the condition of the structures requires demolition.

Upon receipt and fax distribution of Keast and Hood's report to Committee members, Mr. Tyler contacted members over the phone. A majority recommended that the facades be removed and rebuilt immediately as described in italics above. Minority opinion included one member agreeing with removing the facades but recommending placement of a tarp over the open structures pending further review, and another recommending demolition. One, an employee of Keast and Hood, abstained from voting. Mr. Tyler noted that the staff concurred with the majority opinion to rebuild the facades at this time.

Mr. Tyler pointed to a Pennsylvania Hospital development at Seventh and Spruce Streets as a precedent for the preservation of a streetscape and the realization of a hospital's development needs and objectives. That project involved removing the interiors from a block of rowhouses and inserting new construction within the building envelope. This allowed for building a structure with more floors and height than

would have been allowed in a totally new building. He noted that the destruction of two of these buildings would compromise that opportunity. He also noted that the Secretary of the Interior's Standards allow for informed, non-conjectural reconstruction of the sort recommended by the Architectural Committee.

Mr. Ryan reiterated the Hospital's willingness to salvage and store architectural elements, but objected to the conditioning of any permit to require reconstruction using these elements. He explained that they may not want to rebuild if the Hospital is unable to acquire all of the properties on the block. According to Mr. Ryan, a Department of Licenses and Inspections Enforcement Officer asked them their intention for the properties, to which he answered total demolition, and the Officer stated or implied that all that was needed was a demolition contract. He claimed that he later discovered that Historical Commission review was necessary. Mr. Ryan stated that it is his understanding from the Department and the Keast and Hood report that demolition would eliminate a public safety hazard. He added that when they purchased the property, they were not aware that they would be required to rebuild facades sitting in front of a "shell which is essentially gutted."

Mr. Ryan stated that their proposal to demolish and salvage elements without a defined future plan or design would take nothing from the Historical Commission's abilities, and that design review or recommendations would be premature. He noted that rebuilding may not fit into their most desired ultimate use of the site, and that this use is unclear since they have yet to acquire all necessary buildings. Their reuse of the block, he stated, would be entirely compatible with the historic sense of the street. He restated the Hospital's desire to immediately demolish the buildings, salvage some materials, and return to the Historical Commission once the rest of the buildings are acquired and their plan is more clear.

Ms. Rabinovitch asked Mr. Ryan whether Abbot, Inc. and the hospital knew that the buildings were designated historic when they were purchased. Mr. Ryan answered that they were aware of this before the purchase. Ms. Rabinovitch stated that the mission of the Historical Commission is to protect historic buildings, and the Hospital is asking the Commission to put this mission on hold indefinitely for a non-specific long range goal. Mr. Ryan stated that facade reconstruction is not the only way to work within this mission, and that the Department of Licenses and Inspections had sent a letter insisting on demolition. Dr. Brownlee noted that the letter stated "repair or demolition." Mr. Ryan reiterated that the Department's Enforcement Officer had told him that he had only to submit a contract and a demolition permit would be issued.

Commissioner Levin asserted that this is not the City's policy and that the Department would not allow these buildings to be demolished to create yet another bad block with "missing teeth" or a parking lot. He stated that the City has been working hard to avoid such situations in less vibrant areas, and there would be no permitting it here. He declared that he would have a special repair order issued for the buildings, and that if repairs were not performed by the owner, he would have the Department make the repairs using the $50,000 fund available for such work. A lien would then be put on the property. He recommended that the buildings should be mothballed and made watertight, and reiterated that it is of the utmost importance that an intact block not lose its integrity.

Ms. Kaplan asked if insurance proceeds were available. Mr. Ryan explained that the persons from whom the properties were bought were only able to eliminate the encumbrances on their mortgage and deliver clear title by receiving the proceeds of the fire loss.

Dr. Brownlee inquired about temporary roofing and was told by Mr. Ryan that a tarp now covers the open portion of the roof, but that it is inadequate. He stated that 219 S. 9th St. requires a new roof.

Ms. Rabinovitch asked if the property had been surveyed before the purchase. Mr. Ryan answered that they had and that the hospital thought it was buying properties that could be demolished. Ms. Rabinovitch wondered why Mr. Ryan assumed this since he knew the properties were designated. He responded that it was the hospital's misunderstanding that if the City recognized the property could not be repaired, demolition would be allowed.

Mr. Baron described having been contacted by the appraiser hired to evaluate the properties before their purchase, who asked whether the buildings are listed on the Philadelphia Register and about the impact of this designation on demolition. Mr. Baron stated that he clearly explained that the buildings are listed, that the Commission would ask for repair instead of demolition, and that the purpose of the Commission is to see that buildings are not demolished.

With regards to the engineer's report that Abbot, Inc. is using to bolster claims of the need for total demolition, Mr. Baron stated that he had accompanied the engineer on the site visit. Mr. Baron and the engineer visited every room in each building and found the interior damage to be significantly less than originally estimated. They determined that the fire appears to have begun near the second floor stair enclosure at the rear of 219, climbed up through the stairwell, and advanced over the roof from rear to front -- not up through the middle of the building where it would have destroyed floor beams. A great deal of interior detail, i.e. moldings and mantels, and structure still exist. They also found that steel beams had been used to reinforce the stair, so it is not totally destroyed. Mr. Baron reported that the buildings are fully accessible from their rears, which are open to the public, through an unobstructed second floor opening connected to a fire escape which leads up from the ground. While in the buildings, he and the engineer also noticed clear signs of recent trespass and habitation.

Ms. Kaplan stated that the buildings should immediately be masonry sealed at the lower floor and the fire escapes removed. She informed Mr. Ryan that squatters are hazardous as they tend to light indoor fires in winter. Mr. Ryan expressed surprise that such access is currently possible.

Ms. Gillen concurred with Mr. Levin's comments, stating that she would not vote to approve demolition, and recommended discussing the definition of "repair" in this case.

Dr. Brownlee recommended that the Commission vote for "repair" of the buildings, and let the details be worked out between the Hospital, Abbot, Inc., and Commission staff. Mr. Levin suggested that the engineer, the hospital, and Department engineers could meet to determine the minimum action necessary to make the buildings safe until the plans of Wills Eye Hospital are solidified. He stated that partial repair of the facades may be an option. Mr. Spilove stressed that the block should not become another demolition by neglect situation.

Commission members suggested that the "minimum action necessary" could mean shoring up the buildings and making them watertight. Mr. Baron noted that the engineer's report insisted on the need to rebuild the facades. He suggested that rebuilding of facades be made part of a motion for repair; if rebuilding is found to be necessary this motion would eliminate the need to return to the Commission.

Mr. Wilds stated that the Office of Housing and Community Development often rebuilds walls and that it is not unreasonable to expect that here.

Ms. Ruthanne Madway, a 13-year resident of Washington Square West and an architectural historian, expressed concern about the situation. Ms. Madway stressed that intact streetscapes cannot be underestimated, not only in terms of preservation but also economic viability. She explained that the neighborhood is not anti-development, but is opposed to building demolition accompanied by amorphous

future plans. She listed several examples in the same neighborhood where those plans never materialized and open lots now lay. She observed that often when blocks experience such mid-block demolition, the whole block becomes demolished by neglect as the retail and commercial integrity cannot be resurrected. She urged that the properties not be demolished.

Mr. Milton Marks delivered a letter from the Preservation Coalition stating their opposition to demolition. He echoed many of the statements made by Commission members, and requested that the Architectural Committee be included in the reconstruction/stabilization review process. He also suggested that the repair of the front wall be included as an option in the motion.

Mr. Ryan stated that the whole block was designated historic owing to someone famous living there for ten years, and asked where the Preservation Coalition was when crack addicts were living there and violations were accumulating. He asked that Commission members think about what would have happened to the properties if the hospital had not bought them.

Mr. Brownlee made a motion to accept the recommendation of the Architectural Committee and to require the Applicant to provide plans for stabilization and repair of the buildings. Repair may include disassembly and reconstruction of the facades. Mr. Tyler requested that the motion be worded to allow for flexibility since the Committee does not meet again for another month, suggesting that the Committee's Chair might review the plans together with the staff. The motion was amended to include that the rear of the property must be sealed and the fire escape removed, as well as for faster review. Mr. Wilds seconded the motion. The full motion was passed by unanimous vote.

Mr. Ryan stated he hoped the properties would be sealed and secured immediately and that he would provide names of their engineers to Commission staff.

REPORT OF THE COMMITTEE ON HISTORIC DESIGNATION, Dr. David Brownlee, Chair, Continuation of Hearings regarding the proposed Rittenhouse Fitler Residential Historic District. Mr. Spilove announced that anyone who wished to comment on the proposed historic district could speak. No testimony was offered. These hearings will continue at least until the stated meeting of 9 February 1995.

REPORT of the Activities of the Historical Commission Staff, December 1994, Richard Tyler, Historic Preservation Officer. Mr. Tyler asked if there were any questions stemming from the report, which had been distributed to Commission members.

A motion to adjourn was made by Dr. Brownlee, seconded by Mr. Wilds and approved by unanimous vote at 11:10 a.m.

Respectfully submitted,

Lori Plavin Salganicoff