

#### CITY OF NEW YORK

#### MANHATTAN COMMUNITY BOARD FOUR

P.O. Box 2622, New York, NY 10108 www.mcb4.nyc

LOWELL D. KERN Chair

JESSE R. BODINE District Manager

February 9, 2021

Ed Pincar Manhattan Borough Commissioner NYC Department of Transportation 59 Maiden Lane, 37<sup>th</sup> Floor New York, NY 10038

Re: Intercity Bus Stop Application for 260 12th Avenue (29/30th Streets)

Dear Borough Commissioner Pincar,

Manhattan Community Board 4 (MCB4), at its February 3<sup>rd</sup> Full Board meeting, voted by 42 in favor, 0 against, 0 abstaining, and 0 present but not eligible to vote, to approve the granting of a permit for an Intercity Bus Stop at 260 Twelfth Avenue between West 29<sup>th</sup> and West 30<sup>th</sup> Streets for three bus pick-ups/drop-offs per day, subject to the attached stipulations. The buses travel between Columbia, MD and New York City.

The applicant, Adventures by Dawn L.L.C., a minority-held company, presented their method of operation at MCB4's January 2021 Transportation Planning Committee meeting, which focuses on compliance with environmental preservation in accordance with Washington D.C. regulations. They use software to monitor bus operations, including idling, and have installed an automated feature that shuts down bus engines after three minutes of idling.

The company's buses are designed for ADA compliance, and accommodate locking-in-place two wheelchairs/mobility scooters, and bicycles, a rarity in the long-distance bus industry.

We recommend that both the "idle-free" technology and the accommodations for disability passengers become part of the <u>minimum standards</u> required for any future permit requests for long distance intercity bus stops in New York City.

Sincerely,

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Lowell D. Kern

Chair

Manhattan Community Board 4

Merthet

Christine Berthet

Co-chair

Transportation Planning

Committee

Dale Corvino Co-chair

Transportation Planning

Committee

### **Enclosure**

Cc: Adnan Khan, Adventures by Dawn

## **Manhattan Community Board 4 - Intercity Bus Permit and Stipulations**

Please attach a copy of your bus stop request to the NYC DOT All fields must be completed

#### enter data in this column

| Permit from Date to Date  | TBD  |        |
|---|--|--------|
| Bus Company Marketing name (DBA)  | Adventure Tours  |        |
| Company Corporate Name  | Adventures By Dawn, LLC  |        |
| CEO or Owner's Name   | Adnan Khan   |        |
| Corporate Address   | 17517-B Indian Head Hwy<br>Accokeek, MD 20607  |        |
| Email Address   | adnan@abdtours.com   |        |
| Phone Number  | 703-635-4199   |        |
| Address of requested bus stop (where the sign will be located)  | 260 I 2th Avenue   |        |
| Bus stop Length ( in feet)  | 60 feet  |        |
| Bus stop length in # of buses   | One  |        |
| Peak hour # passengers per bus  | 56   |        |
| Total number of buses on this route   | 3 per week, to expand in the long term   |        |
| Maximum number of pickups per day   | One daily, to expand in the long term  |        |
| Maximum number of drop off per day  | One daily, to expand in the long term  |        |
| Final Destination of the bus service  | Stadium-Armory Metro Station,<br>Washington, DC  |        |
| What will be the route for your bus from entering New York City limits, to the bus stop requested, to leaving New York City limits? | Lincoln Tunnel, Exit right onto Dyer Avenue, right<br>turn onto W. 34th Street, Left turn onto 11th Ave,<br>Right turn on W 29th, Right turn onto 12th Ave, Right<br>onto W. 40th, Right into Lincoln Tunnel |        |
| Number of layover locations   | One  |        |
| Addresses of layover locations  | 260 I2th Avenue  | 1 of 1 |

### **Bus Schedule**

| List times of departures/ arrivals as appropriate (peak days) one per line   | Pick up<br>(Y/N) | Drop off (Y/N)                                   | Maximum number of passengers at peak hou |
|--|------------------|--|--|
| 1:00 PM FRIDAY   | V                |  |  |
| 2:00 PM FRIDAY   |                  | 1/   | 36                                       |
| 1:00 PM SATURDAY   | V                | 7  | 36                                       |
| 2:00 PM SATURDAY   | /                | 1/   | 56                                       |
| 1:60 PM SUNDAY   | V                | <del>                                     </del> | 36                                       |
| 2:00 PM SUNDAY   |                  | V  | 56                                       |
|  |                  |  | 30                                       |
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# **Bus Fleet**

For each bus using this stop please provide

| Bus US DOT or state DOT registration number | Bus dimensions (Length in ft.) | Capacity (# passengers) |
|---|--------------------------------|-------------------------|
| US DOT # 779981                             | 45 ft                          | 56                      |
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### **Location and Safety**

| Please include a diagram of the street where you are request and your proposed stop.   | ting a stop, including mea  | surements of all existing uses          |
|--|---|---|
| Current parking regulations at the location of the stop  | Non-MTA bus layover M-Fri 6am-6pm<br>No parking Tues & Fri I2am-3am<br>No                               |   |
| Is It in a Bus lane?   |   |   |
| What are the other obstructions ( curb cuts, hydrants etc)   | ) None  |   |
| List the businesses, institutions and residences located along the length of bus stop  | Commercial Parking Lot  |   |
| Did you speak with the businesses above and the block association about your planned operation?                                  | Business no (no contact info available)<br>block associations yes                                       |   |
| Provide the name of the persons you spoke to for each of them and the date on which you spoke to them                            | We have not spoken to anyone yet, but plan<br>to complete this by 1/13/2021                             |   |
| Where and when did you post the notice of the Community Board Transportation Committee Hearing?                                  | We posted the notice on 27th, 28th, 29th, 30th a 33rd streets between 10th and 12th Avenue on 1/11/2021 |   |
| First Alternate Location Address   | 627 W. 24th St  |   |
| Second Alternate location Address  | 360 12th Avenue   |   |
| Excluding this application, does your company have additional intercity bus service in New York City?                            | Not at this time  |   |
| f yes, attach a list of your existing stop location, schedules an<br>Port Authority Bus Terminal or GW Bridge Bus Station please | d what destination they s<br>include the slip number)   | erve . (If you stops are in the         |
| Are all drivers your employees?  | YES   |   |
| Please provide your safety records per the USDOT- Federal s<br>Motor Carrier Safety Administration                               | Serious Violations in the last<br>12 months   | On-road Performance Basic<br>Percentile |
| Operation by drivers in a dangerous or careless manner   | 2   | 43%                                     |
| Operation by drivers who are ill, fatigued or in non ompliance with the hours of service (HOS) regulations                       | 0   | .03                                     |
| operation by drivers who are unfit to operate due to lack f training, experience or medical qualifications                       | 0   | 0                                       |
| peration by drivers who are impaired due to alcohol, legal drugs, misuse of prescription or over-the-counter nedications.        | 0   | 0                                       |
| ailure to properly maintain vehicles   |   |   |

## Compliance with Stipulations and Laws

circle one

| Will you promptly notify the Department of changes to information provided in its application.  | Yes | No |
|---|-----|----|
| Will you prominently display a copy of the Intercity Bus Permit in each intercity bus operating pursuant to such Intercity Bus Permit   | Yes | No |
| Will you display on each intercity bus using the designated location(s) the operator's name, address and telephone number affixed in characters at least five inches high on both sides of the vehicle, with such display being in a color contrasting with that of the vehicle and placed approximately midway vertically on doors or side panels. | Yes | No |
| Will you pick-up and discharge passengers only at on-street bus stops designated by the Commissioner for use by the permitted buses and within twelve inches of the curb and parallel thereto   | Yes | No |
| Will you Not stop or stand in your assigned on-street bus stop location except when actively engaged in the pick-up or discharge of passengers.   | Yes | No |
| Will you Notify the Department of the issuance of any violation by the United States Department of Transportation Federal Motor Carrier Safety Administration or the New York State Department of Transportation within five days of the issuance thereof.  | Yes | No |
| Will you cause your drivers to comply with idling laws (less than 1 minute idling in vicinity of a school or 3 minutes otherwise)?  | Yes | No |
| Will you post a prominenl sign inside the bus to remind drivers to turn off their engines after 1 (one) minute?   | Yes | No |
| Will you maintain at all times 8ft of clear pedestrian right of way on the sidewalk?  | Yes | No |
| Will you Not sell tickets on the sidewalk?  | Yes | No |
| In addition to the dirver, will you have an employee on site at all times to ensure orderly loading, no idling and preserve 8 ft. of pedestrian passage   | Yes | No |
| Will you ensure your drivers use the permitted route to access the stop?  | Yes | No |
| If relevant, will you bring each of your five safety measurements below the 50% threshold by all means necessary within 2 years of the granting of the permit?  | Yes | No |
| Due to bosiness impact from COUID-A we can not do this initially. We plan on implementing after OUID  |     |    |
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| Manhattan Community Board 4 recommends  | O Denial  | 0                       | Denial unless all the stipulations above are agreed to by the applicant and are considered part of its permit   |
|---|---|-------------------------|---|
| MCB4 Representatives  |   |                         |   |
| Janine Pretente<br>MCB4 Community Associate   |   |                         |   |
| Christine Berthet<br>MCB4 Transportation Committee<br>Co-Chair  |   |                         |   |
| Dale Corvino MCB4 Transportation Committee Co-Chair   | ,   |                         |   |
| Applicant Agreement with the Community  |   |                         |   |
| that all of these stipulations are essential<br>Applicant agrees to have these stipulation<br>constitute the entire agreement between | prerequisites to the l<br>s incorporated in his<br>MCB4 and applicant | MCB4<br>interd<br>and m | y support of this application and acknowledges recommendation regarding this application. Sity permit. The written stipulations above may only be altered in writing signed by MCB4 ents or representations in connection with this |
| SIGN HERE   |   |                         |   |
| Signature of Applicant  |   |                         |   |
| Date  | 1/11/202  | 21                      |   |