



PROPOSED PRIVATE HOSPITAL, NIELD AVENUE, GREENWICH PART 3A MAJOR PROJECT

PREFERRED PROJECT REPORT



murlan

Job No 07177B
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1. INTRODUCTION

1.1 The project as exhibited

This Preferred Project report relates to Major Project 07_0167, comprising the erection of a proposed private hospital on land in Nield Avenue, Greenwich, presently occupied by 10 residential properties and the western part of the Nield Avenue road reserve which is to be closed and sold to the Proponent ("the project").

As exhibited, the project application seeks the Minister's approval for the redevelopment of land located at No's 1-8 Nield Avenue, Greenwich ("the site") for the purposes of a private hospital. The proposal involves demolition of all of the existing structures on the site (which includes part of the public road and pathway leading to Morven Gardens both owned by Lane Cove Council) and the construction of a 'U' shaped private hospital comprising patient care suites over 6 levels (but in small part, 7) with basement parking spaces, a loading bay and an ambulance bay.

Services to be provided include:-

- physiotherapy;
- speech therapy;
- occupational therapy;
- diversional therapy;
- other rehabilitation (e.g. orthopaedic, leg fractures, hip/knee replacements, arthritic and spinal conditions, cardiac rehabilitation, and neurological rehabilitation);
- post-operative care;
- post-acute services;
- chronic pain management and treatment;
- palliative care;
- psychiatric care;
- psycho-geriatric assessment and behaviour planning and management;
- dementia care; and
- high aged and disabled care (eg. wound care management, rehabilitation services, pain management, medication management, psychiatry, behaviour management, colostomy care, and palliative care).

The physical form of the hospital building has been configured to limit potential adverse environmental impacts on neighbouring properties. In particular, the new building has been sited closer to the northern site boundary than the southern boundary in order to achieve greater setbacks to the two residential buildings to the south on No's 7-15 Bellevue Avenue. Furthermore, the northern and southern "wings" of the hospital which project onto the western part of the site are relatively narrow at their western ends (compared to the width of the site), with the main body of the new structure sited the maximum possible distance from the western boundary of the site.

The two "wings" are stepped towards the western boundary in order to limit the extent of overshadowing of the neighbouring dwellings, as well as to reduce the perceived bulk of the new hospital when seen from neighbouring residential properties to the west. Both wings are also well setback from the western boundary and comprehensive landscaping is proposed around the site and between the two "wings".

Project approval has been sought for the following works:-

- demolition of all existing buildings and structures on the site;
- closure of the western part of Nield Avenue and the existing pathway leading through to Morven Gardens and the removal of their respective pavements and steps;
- redirection/termination of in- and above-ground services;
- removal of selected trees and the retention/protection of others;
- implementation of construction management safeguards such as erosion and sedimentation control devices;
- bulk earthworks and excavation;
- stockpiling of clean fill for re-use on site as appropriate;
- construction of the new hospital building as detailed on the architectural plans included with the Environmental Assessment;
- integration of relevant services;
- tie in of the site access to the remnant part of Nield Avenue with kerb, gutter and hammerhead turning facility;
- landscaping of the site; and
- use and operation of the hospital and its ancillary activities 24 hours per day, 7 days per week.

The capital investment value of the project, as defined in the Major Projects SEPP is \$56 million.

1.2 Submissions made during exhibition of the Project Application

The Environmental Assessment report relating to the above works was exhibited from 19 November 2008 to 19 December 2008. During that period, 55 submissions were received by the Department of Planning. Two subsequent submissions were received from the RTA and Sydney Water.

Of the 50 public submissions which were made, 46 have been summarised by the Department of Planning in a summary table which has been provided to the Proponent (see Part A of the table in Appendix 1). A further 4 public submissions have been provided to the Proponent in full, as have all 7 agency submissions. The 7 submissions from agencies have also been summarised by the Department (see Part B of Table in Appendix 1).

The Proponent has been requested to respond to the issues raised in the above submissions.

1.3 Modifications to the project

Having received submissions from the public and from agencies, the Department of Planning has identified 5 key issues. These were identified in the Department's letter to BBC Consulting Planners dated 15 January 2009.

The Proponent has considered these key issues along with all of the submissions and, in response, has made various modifications to the design of the project with a view to further minimising its impacts on nearby residents. Primarily, the design changes involve a greater stepping of the two wings from east to west to better reflect the fall of the site. These changes are described in Section 2 of this Preferred Project Report. A schedule of the design changes is provided in Appendix 2.

A copy of the amended project plans is provided in Appendix 9. Provided in Appendix 10 is a set of the project plans coloured up to show where reductions and additions have been made to the building envelope in the amended scheme. Provided in Appendix 11a is a revised perspective illustrating the amended design of the front elevation, whilst in Appendix 11b are revised visual impact studies from two locations (i.e. No. 6 Morven Gardens and Nos 7-15 Bellevue Avenue). Amended landscape plans are provided in Appendix 12. Appendices 9-12 (inclusive) are provided in a separate A3 volume.

1.4 Amended Statement of Commitments

In response to the Department's key issues and to submissions, the Proponent has also made minor modifications to the Statement of Commitments included in the Environmental Assessment report. The modified Statement of Commitments is provided in Section 6 of this Preferred Project report (with modifications made since exhibition identified in **bold type**).

1.5 Structure of this Preferred Project report

This Preferred Project report:-

- describes modifications to the project arising out of the Proponent's consideration of key issues and submissions (see Section 2);
- responds to the issues raised in agency submissions (see Section 3);
- responds to the issues raised in public submissions (see Section 4);
- responds to the key issues raised by the Department of Planning (see Section 5); and
- includes a revised Statement of Commitments (see Section 6).

2. AMENDMENTS TO THE PROJECT APPLICATION

2.1 Amended plans

A set of amended architectural project plans for which the Proponent seeks the consent of the Minister for Planning is contained in Appendix 9 in Volume 2 of this Preferred Project report. These plans contain design modifications to the plans exhibited with the Environmental Assessment report. Provided in Appendix 10 is a set of plans coloured to show where, level by level, and on the elevations, the building envelope has been reduced (shown in orange) or added to (shown in blue). Appendices 11 and 12 contain amended perspectives/visual impact studies and landscape plans respectively.

2.2 Description of amendments

The design amendments which have been made seek to address the key issues which have been raised. The design changes primarily involve a reduction in the height, bulk and scale of the northern and southern wings of the proposed hospital, so as to provide an improved height transition from east to west, and more closely reflect the fall in the topography of the site in the massing of the building. This results in reduced overshadowing of neighbouring buildings to the south and west associated with a reduction in building height closest to the western boundary, and increased setbacks of the upper levels from the western boundary.

Some of the floor space area removed from the upper levels of the two wings has been added to the central part of the main building, through infill of the upper two levels of what was the four-level atrium above the entry lobby. Nevertheless, a two-level lobby still maintains transparency through the building from Nield Avenue to the landscaped courtyard beyond. There has also been a minor westerly addition to the lower levels of the northern wing. Even so, however, the minimum setback of this wing to the western boundary of the site is around 11.0m, at which point the new building has a height of three storeys.

A summary schedule of the design changes which have been made is provided in Appendix 2. However, in brief and on a level by level basis, the design changes are generally as follows:-

- Level RL 82.00 Rehab Centre: minor adjustments to basement car park although the number of parking spaces provided remains unchanged;
- Level RL 85.00 Garden Floor: the curved atrium facing the western landscaped courtyard has been removed at this and other levels; rooms have been added at the western end of the northern wing (Ward A);
- Level RL 88.90 Upper Garden Floor: as above for Garden Floor;
- Level 92.00 Reception: adjustments to western end of northern wing; amendments to reception area; increased glazing across entry area;

- Level RL 95.00: Reduction in bulk and height at western ends of two wings; amendments to front elevations to increase visual connectivity to landscaping beyond;
- Level RL 98.20: Reduction in bulk and height at western ends of two wings; increased articulation of front façade;
- Level 101.30: Reduction in bulk and scale at western ends of two wings; increased articulation of front façade; and
- Roof Plan RL 104.00: reduction in bulk and scale at western ends of two wings.

The changes which have been made to the massing of the building are clearly apparent on the north and south elevations in Appendix 10. The changes result in a more pronounced stepping of the building from east to west consistent with the key themes in public submissions and in the issues raised by the Department of Planning.

2.3 Floor space ratio

The design changes have resulted in a reduction in floor space ratio area from 12,717m² to 12,318m² which reduces the proposed floor space ratio from 1.68:1 to 1.63:1.

2.4 Height

Reference to the north and south elevations in Appendix 10 identifies where the height of the northern and southern wings have been reduced. Whereas, in the scheme as exhibited, the maximum height of the new hospital was just over 23 metres when measured from existing ground level at the south-western part of the site to the roof of the southern wing, the height of the western part of the southern wing is now predominantly below a height of 15 metres as illustrated on the southern elevation on Drawing DA-J.02 in Appendix 9. Whilst there are still parts of the building in excess of 15.0 metres in height, the remodelling of the upper levels of the two wings has significantly reduced the extent of such exceedances.

2.5 Summary schedule of facilities

A summary schedule of the facilities in the proposed private hospital, as amended, is provided in the following table:-

		Proposed Health Care Function	Total Suites/ Beds	Central Hospital Facilities
Level 3	Ward A	Disabled and High care	20	Café
RL 101.3			20	
Level 2	Ward A	High care	10	
RL 98.20	Ward B	High care	12	
			22	

		Proposed Health Care Function	Total Suites/ Beds	Central Hospital Facilities
Level 1	Ward A	Medical services	11	
RL 95.10	Ward B	Medical services	15	
			26	
Reception Level	Ward A	Medical services	12	Main Reception, Admin Offices, Meeting, Chapel, Drop off area
RL 92	Ward B	Rehabilitation	12	
			24	
Upper Garden	Ward A	Rehabilitation	14	Admissions clinic, consultation rooms, ambulance, kitchen, loading dock, laundry collection, garbage storage, staff facilities
RL 88.80	Ward B	Rehabilitation	12	
			26	
Garden Floor	Ward A	Psycho-Geriatric	13	Counselling rooms, meeting rooms, car park
RL 85.50	Ward B	Dementia	13	
			26	
Lower Ground Floor			0	Rehabilitation Centre, including hydrotherapy pool
RL 82.50				
Total			144	

The number of patient care suites has reduced from 147 to 144. There has also been a general reduction in patient care suite sizes (i.e. the proposed floor space area has reduced by around 400m², with a reduction in patient care suits of only 3).

There will now be between 12 and 22 patient suites or beds per ward. This is an operational efficiency over the 8 to 16 per ward as originally proposed. In other words, the amended design results in an improved operational environment for the proposed hospital.

There will now be 32 beds (reduced from 39) dedicated to rehabilitation patients located within wards to the admission and reception levels.

2.6 Tree retention and protection

In terms of tree retention and protection and having regard to the Department's request that only trees on the site should be identified as retained or removed:-

- 85 trees will be removed; and
- 43 trees will be retained

Of the trees to be removed:-

- 14 trees are considered to be structurally poor and unstable (Tree Nos 1, 19, 34, 39, 43, 46, 53, 67, 70, 73, 84, 89, 113 and 142);
- None of the trees are declared noxious weeds;

- 5 trees are considered to be pest species and can currently be removed, being exempt from protection under Lane Cove Council's Tree Preservation Order (Tree Nos 10, 118, 119, 120 and 135);
- 5 trees are in poor condition and of low landscape significance (Tree Nos 2, 35, 81 and 108);
- 31 trees are in fair to good condition and are considered to be of low landscape significance (Tree Nos 3, 5, 6, 7, 13, 18, 20, 22, 26, 27, 32, 33, 36, 37, 41, 50, 52, 83, 85, 86, 88, 102, 103, 105, 109, 111, 127, 132, 133, 134 and 136);
- 22 trees are in fair to good condition and are considered to be of moderate landscape significance (Tree Nos 9, 11, 12, 21, 23, 24, 25, 31, 38, 44, 51, 80, 82, 90, 92, 106, 107, 110, 112, 128, 129, 131);
- 7 trees are in fair to good condition and reconsidered to be of high landscape significance (Tree Nos 4, 28, 57, 87, 116, 117 and 130); and
- 1 tree is in fair to good condition and is considered to be prominent in the broader landscape (Tree No. 54).

In relation to the trees to be retained:-

- 11 trees are considered to be of low landscape significance (Tree Nos 47, 49, 59, 92, 94, 95, 96, 137, 138, 139 and 141);
- 26 trees are considered to be of moderate landscape significance (Tree Nos 29, 43, 55, 56, 58, 60, 61, 62, 63, 64, 65, 66, 68, 69, 72, 74, 78, 79, 97, 98, 99, 100, 101, 114, 115 and 140); and
- 6 trees are considered to be of high landscape significance (Tree Nos 71, 76, 77, 93, 121 and 122).

From a bio-diversity perspective:-

- 9 indigenous trees are being removed (Tree Nos 1, 41, 43, 46, 47, 48, 57, 87 and 89); and
- 11 indigenous trees are being retained (Tree Nos 45, 47, 48, 55, 56, 66, 72, 74, 93, 123 and 125).

The other trees being removed are planted non-indigenous native trees and exotics.

In relation to the 9 indigenous trees being removed:-

- Tree 1 is a Sydney Blue Gum and is considered to be Unstable;
- Tree 41 is a *Pittosporum undulatum* and is in poor condition with a Safe Useful Life Expectancy ("SULE") of 4;
- Tree 43 is a *Pittosporum undulatum* and is considered to be Unstable;

- Tree 46 is a Sydney Blue Gum and is considered to be Unstable;
- Tree 47 is a Cheese Tree and is in good condition with a SULE of 2;
- Tree 48 is a Sydney Blue Gum and is in good condition with a SULE of 1;
- Tree 53 is a Sydney Blue Gum and is considered to be Unstable;
- Tree 87 is a Port Jackson Fig and is in good condition with a SULE of 1; and
- Tree 89 is a Sydney Blue Gum and is considered to be Unstable.

2.7 Setbacks

In relation to minimum setbacks, the amended design results in the following changes to the proposal as exhibited:-

	As exhibited	As amended
Southern boundary	9.17m to 9.45m	9.17m to 9.54m
Western boundary	<u>Northern Wing</u> 11.44m to 13.7m	<u>Northern Wing</u> 10.3 to 11.03m
	<u>Southern Wing</u> 14.9m to 15.8m	<u>Southern Wing</u> 14.9m to 15.8m
Northern/north-western boundary (Morven Gardens)	4.0m to 7.3m	4.0m to 7.3m
Eastern boundary	5.925m to 6.525m	5.925m to 6.525m

The proposal results in a reduced minimum setback to the western boundary arising out of the re-allocation of floor space area to the lower levels at the western end of the northern wing. However, when consideration is given to the setbacks of structure (excluding terraces/balconies) from the western boundary on a level by level basis, the beneficial impacts of the design modifications which have been made becomes readily apparent:-

	As Exhibited		As Amended	
	Southern Boundary	Western Boundary (North Wing/South Wing)	Southern Boundary	Western Boundary (North Wing/South Wing)
Lower ground floor RL 82.50m	10.5m	18.4m (south wing only)	10.5m	18.4m (south wing only)
Garden floor RL 85.50m	10.5m	14.0/16.5m	10.5m	11.03/16.5m
Upper garden RL 88.8m	10.0m	13.7/16.5m	10.0m	12.65/16.5m

	As Exhibited		As Amended	
	Southern Boundary	Western Boundary (North Wing/South Wing)	Southern Boundary	Western Boundary (North Wing/South Wing)
Reception level RL 92.0m	10.0m	13.7/16.5m	10.0m	12.65/16.5m
Level 1 RL 95.10m	10.0m	15.1/18.0m	10.0m	20.0/21.9m
Level 2 RL 98.2m	10.0m	19.0/21.0m	10.0m	24.4/31.0m
Level 3 RL 101.3m	10.0m	19.0/34.0m	10.0m	33.4/47.0m

2.8 Site coverage

The amended proposal occupies 3790m² of the site or 50% compared to 3,585m² and 47.3% respectively for the project as exhibited. The minor increase in site coverage arises from moving some of the floor area from the upper levels of the western parts of the two wings to the lower levels of the northern wing and main entry area.

2.9 Landscaped area

The amended proposal has an on-ground landscaped area of 3780m² or 49.9% of the site area of which 2955m² or 39% of the site area will be deep soil planting. An amended set of landscape plans is provided in Appendix 12.

2.10 Car parking and access

No design changes have been made to the number of car parking spaces or to the on-site vehicular circulation.



3. AGENCY SUBMISSIONS

There were 7 submissions from agencies. None of the submissions object to the project. A summary of issues raised in the agency submissions is provided in Part B of the Table in Appendix 1.

Provided overleaf is the Proponent's response to issues raised in the submissions from public agencies.

Table 1: Response to issues raised in agency submissions

Agency	Issue Raised	Response	Mitigative Action Required?
1(a) Department of Environment and Climate Change ("DECC") (Gillian Refell, Head Metropolitan Infrastructure Unit, Environment Protection and Regulation Division)	Proponent and its contractors must ensure that the facilities are constructed and operated in accordance with the General Environment Protection Provisions of the Environment Protection Legislation, including the <i>Protection of the Environment Operations Act 1997</i> .	Agreed.	Require as a condition.
1(b) DECC (Deborah Stevenson, Metropolitan Branch)	Suggest pulling back development footprint (Ward B in the landscape plan) from the south-eastern edge of the site, to maintain or even increase the size of the remnant vegetation in Area C, identified in the Flora and Fauna Assessment, so as to enhance the long-term viability of the remnant patch and the likely success of any rehabilitation works.	Refer response from Footprint Green in Appendix 3 and Section 5.4 of this Preferred Project report. Weed removal, compensatory planting, rehabilitation and removal of existing decks and other structures, coupled with the retention of the great majority of remnant vegetation in Area C all result in no necessity to modify the building footprint in this part of the site.	Statement of Commitments modified to include a commitment to collect seed from the indigenous trees to be removed and for them to be propagated and used in the revegetation/landscape works.
2. NSW Health (NSCCAMS)	Concerned that a potentially substantial increase in the numbers of frail and medically unstable residents within close proximity to RNSH might have a significant impact on this facility.	Refer response from Essence Consulting Group in Appendix 4.	None.
	Uncertain what level of acuity of patients will be able to be supported without medical transfer, what level of medical cover and nursing care will be available on a 24-hour-a-day basis, and what clinical support infrastructure exists to manage patients within the facility.	As above.	None.

Agency	Issue Raised	Response	Mitigative Action Required?
	Because the places in the proposed facility will not be Commonwealth-funded, the beds in the new hospital will be in addition to the number approved by the Commonwealth, resulting in more frail aged residents in the immediate catchment of RNSH.	As above.	None.
	Even though there is a reported shortage of dementia-specific nursing home places, beds in the proposed hospital will not be available to the general population and therefore, of little use to patients with limited means.	As above.	None.
	The conclusion of the report in Appendix 13a of the EA that “aged care facilities do not increase referrals to emergency departments” is disputed.	As above.	None.
	RNSH is unlikely to make use of the facilities at the proposed hospital for the reasons set out in the submission.	As above.	None.
3. Energy Australia	The electricity supply arrangements to the site need to be reassessed.	Energy Australia has subsequently written to the Proponent confirming that the high voltage network has the capacity to supply the expected maximum demand for the development. A copy of Energy Australia’s letter to the Proponent is provided in Appendix B.	None.

Agency	Issue Raised	Response	Mitigative Action Required?
	Energy Australia will require easements over, and heavy vehicle access to assets in the affected area whilst ever they remain in situ.	Subsequent to Energy Australia's letter dated 15 December 2008 in response to the exhibition of the Environmental Assessment, Energy Australia has signed off on the Section 88B instrument and the road closure plan for Nield Avenue.	None.
4. Lane Cove Council	Council reiterates that the controls and issues previously advised by Council to the Department of Planning be taken into consideration in any assessment and determination of the proposal.	These matters have been addressed in the EA. See Section 4 for discussion of key issues. (It should be noted that in Part B of the table in Appendix 1, the Department infers that Council has suggested amendments to the project. Council's submission, however, lists <u>residents'</u> <u>comments</u> made in respect of a DA lodged in 2007. Those comments included suggested amendments. They are <u>not</u> , however, the suggestions of the Council.	None.
5. Ministry of Transport	The Ministry of Transport is primarily concerned that the Traffic and Parking report does not justify the proposed parking rates against existing levels of public transport or the objectives of major State Government policies.	Noted.	None.
	The Ministry congratulates the Proponent on its intention to develop a Workplace Travel Plan ("WTP") and suggests that the WTP should aim to achieve a journey-to-work mode share of 25% consistent with Priority S6 of the State Plan.	Agreed.	Reflected in Statement of Commitments.
	Various travel demand management initiatives to be considered for inclusion in the proposed WTP.	Agreed.	Reflected in Statement of Commitments.

Agency	Issue Raised	Response	Mitigative Action Required?
	Adequate and secure bicycle storage facilities as well as cyclist amenities to be provided for staff and visitors.	Agreed.	Reflected in Statement of Commitments.
	Assistance for employees to develop personalised journey-to-work travel plans which take advantage of public and active transport options.	Agreed.	Reflected in Statement of Commitments.
6. RTA	The layout of the proposed car parking areas associated with the subject development should be in accordance with AS 2890.1-2004 and AS 2890.2-2002 for heavy vehicle usage.	Refer response prepared by Transport and Traffic Planning Associates in Appendix 6. Agreed	None.
	The access ramp to the underground car park should be constructed whereby the opposing vehicles are physically separated, or if separate ramps not feasible, then delineation of the two-way ramp is required to assist vehicles in maintaining the correct path on the curved ramp.	Physical separation of directional movements on the ramp cannot be achieved and is not considered necessary due to the very low magnitude of vehicle movements. Separation delineation can however be provided in the form of a standard double white line marking. This is considered to be a quite satisfactory treatment in the circumstances.	None.
	The curved ramp must accommodate the largest service vehicle that will be required to use the loading facility.	Large service vehicles will use the external loading dock. The loading provision in the basement will be limited to small vehicles (vans, etc.) with some 3.2 metres height clearance. The visitation by ambulances will be quite minor and infrequent while the satisfactory circumstances/clearances for opposing service type vehicles is demonstrated on Turning Path No. 3 in Appendix C of Appendix 18 of the EA.	None.
	Provision for car parking is to the Department's and Council's satisfaction.	The number of spaces proposed is adequate.	None.

Agency	Issue Raised	Response	Mitigative Action Required?
	Visitor and staff parking spaces should be clearly marked and/or signposted and the visitor parking should be readily accessible and not constrained by security grills.	Agreed. Visitor and staff parking will be clearly marked and sign-posted.	None. Require as a condition.
	The required sight lines to pedestrians or other vehicles in or around the car park or entrances should not be compromised by landscaping, signage, fencing or display materials.	Sight lines will not be compromised.	None.
	Council should give consideration to bicycle parking for staff.	Bicycle parking will be provided.	None.
	Consideration should be given to encouraging non-car modes of travel.	This will be achieved through the WTP.	Reflected in Statement of Commitments.
	Council should review the parking restrictions in Nield Avenue via the local traffic committee. "No stopping" signs should be installed on both sides of Nield Avenue immediately south of the access driveways serving the unit blocks fronting the Pacific Highway.	This is a matter for Council.	None.
	The hammerhead turn around area at the front of the hospital is to be designed so that cars not wishing to enter the hospital can easily turn around to re-enter the Highway.	Agreed (as proposed).	None.
	Clear priority to the main internal intersection should be defined through the provision of line marking and "Give Way" signs.	Agreed.	Require as a condition.

Agency	Issue Raised	Response	Mitigative Action Required?
	The disability access requirements must be accommodated on Morven Garden's laneway without negatively impacting on the current access arrangements that cyclists enjoy.	Agreed.	Require as a condition.
	All vehicles should enter/exit the property in a forward direction.	Agreed.	Require as a condition.
	Provision should be made to accommodate all demolition and construction vehicles on-site.	The Proponent has prepared a Construction Management Plan compliance with which is required by the Statement of Commitments. Commitment C7 deals with construction traffic.	None.
	The proposed development should be designed such that road traffic noise from the Pacific Highway is mitigated by durable materials and complies with the requirements of Clause 102 – (Impact of road noise or vibration on non-road development) of State Environmental Planning Policy (Infrastructure) 2007.	Agreed.	Require as a condition.
	It should be noted to Council that sight distance for vehicles exiting Nield Avenue onto Pacific Highway is constrained by a row of mature trees, however, the traffic signals at Westbourne Street provide sufficient gaps in through traffic for vehicles to access Pacific Highway safely.	Noted. (Council may wish to consider removal of detected trees to improve sight distances.)	
	All works/regulatory signposting associated with the proposed development are to be at no cost to the RTA.	Agreed.	Require as a condition.

Agency	Issue Raised	Response	Mitigative Action Required?
7. Sydney Water	Developer to obtain a Section 73 Certificate from Sydney Water.	Agreed.	Require as a condition.
	Developer to fund any adjustments required to Sydney Water infrastructure resulting from the development.	Agreed.	Require as a condition.
	Discharge of trade waste into Sydney Water's wastewater systems requires written permission.	Agreed.	Require as a condition.
	Assessment of fire fighting capacity is responsibility of the Proponent and should be carried out separately.	Agreed.	Require as a condition.
	Tree species identified by Sydney Water that can cause water pipe damage should not be considered in proposed landscaping.	Agreed, except where no conflict with water or sewer pipework.	Require as a condition.

4. RESPONSE TO PUBLIC SUBMISSIONS

4.1 Response to 46 summarised submissions

Provided in Part A of the table in Appendix 1 is the Department's summary of 46 of the public submissions received during the exhibition of the project application. Provided overleaf is Table 2, summarising the issues raised in the 46 public submissions along with the Proponent's response on an issue-by-issue basis.

Where an issue raised in a public submission coincides with a key issue identified by the Department of Planning, that issue is addressed in Section 5 of this Preferred Project report. Also, the four unsummarised submissions generally raise many of the same issues in the table in Appendix 1. These issues are addressed in detail in Section 4.

Table 2: Response to issues in public submissions

Issue	Response	Mitigative Action
Communication Plan/Community Consultation	See Section 4.2.3.17	None. Action already undertaken.
Bulk and Scale	See Sections 5.1 and 5.2; and Appendix 10. The design of the project has been amended in response to concerns raised.	None. Action already undertaken.
Overshadowing	See Section 5.2; and Appendix 9. The amendments made to the design have reduced the extent of overshadowing of nearby dwellings.	None. Action already undertaken.
Topography	See Sections 5.1 and 5.2; and Appendix 10. The increased stepping at the western ends of the two wings better reflects the fall of the land.	None. Action already undertaken.
Building Design	See Section 5.3. The design has been amended in response to issues raised.	None. Action already undertaken.
Height	See Section 5.1, 5.2 and 5.3. The height has been reduced at the western ends of the two wings.	None. Action already undertaken.
FSR	See Section 4.2.3.5. The FSR has been reduced to 1.63:1.	None. Action already undertaken.
Car Parking	The proposed car parking supply is considered to be adequate.	None.
Stormwater / WSUD	Stormwater management is the subject of the detailed reports in Appendices 5(a) and 5(b), as well as the plans in Appendix 10 of the EA.	None.

Issue	Response	Mitigative Action
Setbacks	See Sections 5.1, 5.2 and 5.3. The setbacks of the building, already substantial in the original proposal, have been increased for the upper levels of the two wings from the western boundary.	None. Action already undertaken.
Land Use/Validity	The proposed is for a hospital. Hospitals are permissible with consent under both the existing and proposed zonings. The proposal complies with the definition of a hospital in the Major Projects SEPP.	None.
Demand	See Appendix 13a of the EA and Appendix 4 to this PPR.	None.
Traffic	The traffic to be generated by the proposed hospital can be accommodated by existing road infrastructure. Nield Avenue will be the sole means of ingress/ egress to the site. Minimising adverse impacts on surrounding residential streets.	See mitigative actions in Table 1 under RTA.
EA Information	The EA described the proposal and planning controls in detail. Uncertainties surrounding the proposed FSR and height controls in the Draft LEP have since been clarified.	None. Action already undertaken.
View Analysis/Views	During the exhibition of the EA, the Proponent provided additional visual impact studies to a number of individual residents. Two additional studies are included with this PPR (see Appendix 11b). View impacts are considered to be reasonable, particularly given the proposed rezoning of the site to permit high density residential development.	None.
Flooding	This issue was addressed in Appendix 5a and 5b of the EA.	None.

Issue	Response	Mitigative Action
Infrastructure	Adequate infrastructure is available to accommodate the proposal.	None. Action already undertaken.
Density	The density of the proposal is reasonable and appropriate in terms of building bulk and scale, FSR and traffic generation.	None. Action already undertaken.
Neighbourhood Character	See Section 5.1.	None. Action already undertaken.
Restricted Access	Nield Avenue is adequate for access purposes.	None.
Noise	Noise and other impacts during construction can be minimised through effective management.	Require compliance with Construction Management Plan.
Dust	Dust and other impacts during construction can be minimised through effective management.	Require compliance with Construction Management Plan.
Construction Impacts/Management	Impacts during construction can be minimised through effective management.	Require compliance with Construction Management Plan.
Safety	Safety during construction can be addressed through effective management.	Require compliance with Construction Management Plan.
Property Values	Hospitals are permissible land uses within the existing and proposed zones applying to the site. Hospitals are compatible with residential environs. Impacts on property values are likely to be minimal.	None.
Zoning	Hospitals are permissible land uses within the existing and proposed zones applying to the site. Hospitals are compatible with residential environs. Impacts on property values are likely to be minimal.	None.

Issue	Response	Mitigative Action
Vegetation	The site comprises a significant number of trees reflecting its low density use comprising houses with peripheral gardens. The site is to be rezoned to High Density Residential. Tree loss is inevitable in this transition. However, the proposal strikes a reasonable balance between tree removal and retention. Details are provided in Section 2.6. Also see Section 5.4.	Require compliance with tree protection measures identified in Environmental Assessment (Appendix 7).
Developer History	The developer history and its involvement with Waterbrook Greenwich are advantageous to the project. Lessons learnt about community expectations during construction of Stage 1 will benefit the implementation of Stage 2.	Require compliance with Construction Management Plan.
Licensing	Bed licences will be sought, as required.	None.
Emergency Considerations	Evacuation procedures will form part of an Operational Plan of Management.	Prepare Operational Management Plan prior to operations commencing. Reflected in Statement of Commitments.
Hazards	Potentially hazardous gases and chemicals will be stored and used in accordance with standard safety practices and occupational health and safety requirements.	Compliance with relevant legislation and guidelines.
Geotechnical	Excavation will be undertaken only in accordance with the recommendations of the geotechnical engineer.	Require as a condition.
Shared Uses	The proposed hospital and Waterbrook Stage 1 will operate independently. However, some interconnectivity may arise, for example, if the spouse of a resident of Waterbrook Stage 1 is admitted to the hospital, a means of connectivity has been provided between the two facilities.	None.

Issue	Response	Mitigative Action
Erosion	Erosion will be controlled during construction.	Require compliance with Construction Management Plan.
Light Spill	Light spillage will be minimised through appropriate external lighting.	Require as a condition.
Funding	The Proponent's ability to fund the project is for the Proponent to determine.	None.
Liquor Licensing	This issue appears to relate to the restaurant in Waterbrook Stage 1 and not to the current proposal.	None.

4.2 Response to four unsummarised submissions

A further 4 submissions, not readily capable of being summarised by the Department, have been provided to the Proponent for response. Issues raised in the 4 public submissions not summarised by the Department are identified and discussed below.

4.2.1 Submission from Ingham Planning on behalf of the “Greenwich Action Group” (“the Ingham submission”)

4.2.1.1 *Design and appropriateness for the site*

The Ingham submission contends (on page 3) that the proposal is incompatible with the current zoning, saying that development of two to three storeys would be more compatible. This does not adequately take into account the Council's intentions, as expressed in a Draft LEP which has been exhibited, to rezone the land to permit high density residential development with a 15-metre height limit, which would permit five storeys. Furthermore, the proposed rezoning and 15-metre height limit will apply to each of the 10 individual sites that together comprise the site. Amalgamation of the site warrants flexibility in the strict application of the 15-metre height limit.

4.2.1.2 *Non-compliance with proposed controls for the R4 High Density Residential zone*

The Ingham submission contends (on page 3) that the height limit should not be that shown on the Draft LEP map forwarded by Council to the Department of Planning (i.e. 15 metres), but should instead be 12 metres. The submission then says that “the proposed height of the building is described as “just over” 23 metres. This is more than double the 12-metre height limit recommended by Council staff and “just over 8 metres (or up to 3 storeys) higher than the 15-metre height limit that appears to be in the current version of the Draft LEP”.

The EA makes clear that the 23 metres height occurs at a localised part of the project where there is a pronounced fall in the topography (i.e. at the building's south-western corner). Nevertheless, the project has now been amended to reduce the height of the two wings.

The Ingham submission suggests (on page 4) that the project does not warrant approval because it does not “improve the existing character” of the land. This does not give proper regard to either the amount of landscaping proposed, the substantial setbacks to be provided or the Council's intention to rezone the site to permit high-density development. How does one reconcile a general aim of an LEP to preserve the character of land when the plan itself rezones the land from low to high density? The answer lies in the inclusion of the words in the same aim of the Plan “in accordance with the indicated expectations of the community”. Those expectations, presumably, are reflected in the proposed rezoning.

The Ingham submission fails to acknowledge that the controls in the Draft LEP apply to each of the existing 10 residential sites plus the section of Nield Avenue to be closed that together comprise the site. As a general principle, the larger the site, the more capable it is of mitigating potential adverse impacts associated with FSR and height and as a consequence, planning instruments often include incentives for amalgamation which promote a higher

permissible height and FSR limit on sites of a particular size. As the proposal is to consolidate 10 small sites, it warrants flexibility in the rigid application of the proposed controls. Indeed, the Ingham submission contends (top of page 7) that the proposal should be designed in conformity with the buildings comprising 7-15 Bellevue Avenue (i.e. 2-3 storeys), even though the Draft LEP promotes a 15-metre height limit for the site.

On pages 7 and 8 of the Ingham submission, reference is made to No. 17G Bellevue Avenue and No. 6 Morven Gardens, being the two dwellings to the south-west of the site closest to the site's south-western/western boundary. In respect of these two dwellings, the Ingham submission makes reference to Figure 4 (of the Ingham submission), which is a photograph from Nield Avenue looking towards the Pacific Highway, showing the 1970's residential flat buildings either side of Nield Avenue, and suggests that this illustrates the way in which No. 17G Bellevue Avenue and No. 6 Morven Gardens will view the proposed development. In this regard, we draw the Department's attention to the following:-

- Reference to the site analysis plan (DA-1.01) indicates the proximity to No. 6 Morven Gardens of the existing dwelling on No. 5 Nield Avenue. This building is to be demolished and the area it now occupies replaced with comprehensive landscaping, which by any measure is a positive impact on the amenity of No. 6 which needs to be considered in a balanced assessment of the proposal;
- As illustrated on the site analysis plan (DA-1.02), the two residential flat buildings either side of Nield Avenue (indicated on Figure 4 of the Ingham submission) are around 18 metres apart, compared to the northern and southern wings of the proposal which are around 27 metres apart;
- Neither No. 6 Morven Gardens nor No. 17G Bellevue Avenue have a primary aspect over the subject site (for example, in the case of No. 17G, its windows face north-west and south-east, away from the subject site);
- The separation distance between the dwelling on No. 6 Morven Gardens and the northern wing of the proposal on the amended plans is a minimum of 23 metres (i.e. the width of a standard public road plus 3 metres); the minimum separation distance between the dwelling on No. 17G Bellevue Avenue and the northern wing of the proposed hospital on the amended plans is 22.5 metres; the minimum distance between the dwelling on No. 17G Bellevue Avenue and the south wing of the proposed hospital is 16.5 metres, but that is measured to a planter on the garden floor level (RL 85.8 metres) of the project, with the nearest enclosed space being set back a minimum of around 18 metres;
- The upper three levels of both the north and south wings are stepped away from the boundary more so in the amended plans than on the exhibited plans to increase the separation distances between the new hospital and its westerly/south-westerly neighbours, so that in the case of the uppermost floor level, the nearest habitable space in the north wing is 47 metres from the dwelling on No. 6 Morven Gardens and 30 metres distant from the dwelling on No. 17G Bellevue Avenue, whilst the nearest habitable space in the south wing (excluding the terrace) is around 47 metres from No. 17G Bellevue Avenue; and

- Within the setback area adjacent to No. 6 Morven Gardens and No. 17G Bellevue Avenue will be a comprehensive array of landscaping, as illustrated on the landscape elevations included in Appendix 12.

4.2.1.3 Hospital land use

Even though the project complies with the definition of a hospital in the Major Projects SEPP, the Ingham submission (on page 9) questions whether the proposal is for a hospital. The project is for a hospital, as defined.

4.2.1.4 Urban form and design

This issue is discussed in general terms in Section 5.3 of this Preferred Project report. However, in Section 3.2 of the Ingham submission on pages 10 and 11, various comments are made which seek to undermine the veracity of the perspectives submitted with the EA.

Such criticisms are refuted.

4.2.1.5 Amenity impacts on neighbours

This issue is discussed in Section 5.2 of this Preferred Project report. However, we wish to make the following comments:-

- In Section 3.3.1 on page 11, the Ingham submission states:-

“A number of residential flat buildings along the Pacific Highway will suffer view loss as a result of a building up to 23 metres in height, particularly because the proposed development is built across an existing public road in a form that simply blocks all views.”

- The proposed building is not 23 metres in height, in that part which faces the residential flat buildings (i.e. the eastern elevation) along the Pacific Highway. Reference to the elevation and sections in Appendix 9 shows that the proposed building is largely within the 15 metre height limit at that point.
- The Ingham submission suggests that views will be lost from apartments in Bellevue Avenue, “some of which obtain good district views towards the Olympic Stadium at Homebush and the Blue Mountains beyond”. Such view loss is likely to be associated with any redevelopment of the site which has a height of 15 metres in accordance with the Draft LEP.
- The suggestion in the third bullet point on page 11 of the Ingham submission that no attempt has been made to break up the bulk of the building fails to acknowledge the architectural attributes of the building, which involve a great deal of modulation and articulation, the extent of which is more pronounced in the amended design.

On page 12, the Ingham submission makes reference to overshadowing and states:-

“While there are numerous large trees existing on the site that cast shadows, to replace these shadows with the dense shadows cast by a 6-7 storey building is a considerable concern to numerous residents.”

Reference to the shadow diagrams indicates that the impacts of shadows from the proposed buildings as amended, absent the impact of trees, is not unreasonable and well within accepted requirements. This was the case with the proposal as exhibited but is even more so with the amended scheme.

On page 12, the Ingham submission states that there has been no attempt to design a building which steps down the slope, reducing the overall height. The original proposal stepped down at the western end of its two wings and this has been reinforced through greater stepping in the amended proposal. For example, the roof above the western end of the northern wing is at RL 95.10m, compared to the roof of the main building at RL 104.4m. A similar fall is proposed from the southern wing. The increased stepping requested in the Ingham submission has thus been delivered.

On page 13, the Ingham submission objects to the café terrace on the top level of the southern wing. At RL 101.30 the useable area of the terrace is generally within the 15.0 metres height limit in the Draft LEP (see the south elevation in DA -3.02 in Appendix 9) but more importantly, it has a wide planter around its southern and western sides, and is set back 19.0 metres from the common boundary with Nos 7-15 Bellevue Avenue.

On page 14, the Ingham submission identifies various traffic related issues which are not echoed in the agency submissions from Lane Cove Council, the RTA or the Ministry of Transport.

On page 15, the Ingham submission raises construction impacts as an issue. The Proponent has recognised the potential for such impacts and has dealt with them in the Construction Management Plan submitted with the Environmental Assessment.

4.2.2 Two submissions from Storey and Gough Lawyers on behalf of the owners of No. 6 Morven Gardens and No. 17G Bellevue Avenue (“the Storey and Gough submissions”)

(Note: These are separate submissions but are in large part generic. Where issues specific to each property are raised in the submission they are addressed separately below.)

4.2.2.1 Use

The Storey and Gough submissions assert (on pages 2 and 3) that because the subject site is in the same ownership as Waterbrook (which lies to the north-west) ‘the logical conclusion’ is that the project must be an extension of the existing aged care facility. The project, however, is for a hospital as defined. This issue was dealt with in detail in the Environmental Assessment.

4.2.2.2 Loss of vegetation

The Storey and Gough submissions assert (on page 3) that the proposed removal of trees from the site renders the proposal inconsistent with Clause 2(1)(a) and 2(2)(d)(ii) of Lane Cove LEP 1987. These clauses contain a general and particular aim of the existing LEP respectively, neither of which specifically make reference to trees or tree retention.

The loss of vegetation is addressed in detail in the Environmental Assessment, as is the proposed landscape regime and compensatory planting. As the site is to be zoned for high density residential zoning, it is inevitable that there will be marked reduction in the number of trees within the existing 10 residential lots whether as a consequence of the hospital or of any alternative future high density residential form. Around half of the site is to be landscaped above ground level. Setbacks are substantial.

4.2.2.3 Inconsistency with objectives of Residential 2(b1) zone

The Storey and Gough submissions assert (on page 4) that non-compliance with the objectives of the Residential 2(b1) zone is a ground for refusal even though hospitals are permissible in the zone; there are no development controls applying to hospitals and the Council is in the process of rezoning the site to permit high density residential development as but one of a number of permissible uses which include hospitals.

On page 5, the Storey and Gough submissions state:

"This development would be better suited in a zone where Residential Flat buildings are permissible as it will to all intents and purposes present as such a development."

High density residential flat buildings are to become permissible on each of the 10 individual sites (and on the section of Nield Avenue to be closed) which together presently comprise the site pursuant to the provisions of Council's Draft LEP. Amalgamation of the site by the Proponent – through which a unified and integrated redevelopment of the site is achieved with comprehensive setbacks and landscaping – is a planning benefit of the project.

4.2.2.4 Traffic and parking

The Storey and Gough submissions (at page 6) object to the project on traffic grounds. Neither Lane Cove Council nor the RTA object to the proposal on traffic grounds. Given that the residents on whose behalf the Storey and Gough submissions were prepared live at No. 17G Bellevue Avenue and No. 6 Morven Gardens, one might reasonably conclude that a proposal which obtains all of its access from Nield Avenue can have no adverse impact whatsoever by way of traffic generation on those residents.

The Storey and Gough submission (at page 6) object to the proposal on parking grounds. The issue of parking is addressed in detail in Appendix 18 of the Environmental Assessment. The proposed parking supply is justified in that report. No objection to the project on parking grounds is raised by Council or by the RTA.

4.2.2.5 Further concerns in relation to Nos 179 Bellevue Avenue

At pages 7 and 8 of the Storey and Gough submission prepared in relation to No. 17G Bellevue Avenue, it is alleged that the proposal will have a significant impact on the existing and future amenity of that property (and on the locality generally). However, the setback distances from No. 17G are substantial and area between No. 17G and the nearest parts of the proposed hospital will be comprehensively landscaped.

With the height reductions which have been made in the amended plans to the western ends of the northern and southern wings, the relationship between the proposal and its neighbour at No. 17G Bellevue Avenue is improved.

4.2.2.6 Matters warranting redesign

Overshadowing

The Storey and Gough submissions (on pages 7 and 8) refer to the shadow diagrams submitted with the Environmental Assessment, saying they do not depict the true extent of overshadowing. However, the shadow information submitted with the Environmental Assessment includes depiction of shadows from the proposed building in a three-dimensional model. This is over and above the standard requirement and provides an accurate identification of additional shadows on existing elevations of neighbouring buildings.

Notwithstanding the foregoing, the design amendments which have been made have reduced the extent of overshadowing even though the shadow impacts of the original design were not unreasonable.

Overlooking

The Storey and Gough submissions (on page 8) are critical of the proposed hospital, stating that it will result in unacceptable overlooking impacts on both No. 17G Bellevue Avenue and No. 6 Morven Gardens. It states:

The proposed development ... must be amended to remove all windows facing our client's property."

The submissions also state:

"The building must also be further setback from the common boundary to increase the opportunities for deep soil planting of large species."

These criticisms are not considered valid in the light of:

- the potential for overlooking from a hospital is likely to be significantly less than from a high density residential building;
- the proposed setbacks from No. 17G Bellevue Avenue and No. 6 Morven Gardens are substantial with comprehensive boundary planting;
- the two proposed hospital wings are widely spaced with landscaping in-between; and
- the design amendments that have been made should address the objector's concern.

The suggestion in the Storey and Gough submissions that reliance is placed on planter boxes for privacy needs to be considered in the above context. The planter boxes are part of a suite of measures to limit the potential for overlooking.

Height

The Storey and Gough submissions (on page 9) assert that the “overall height” will be “far greater than the heights of adjoining development or development in the locality”.

The proposed hospital has a height above finished ground level, opposite Nield Avenue, of around 12.0 metres, equating to 14.8 metres above natural ground level at that point. At its north eastern corner, the roof of the proposed hospital at RL 104.4 metres is around 13.0 metres above existing ground level. At its south eastern corner, the proposed building is around 11.0 metres above existing ground level.

The proposed building will be below the height of nearby buildings to the north and below the predominant height of buildings which line the Pacific Highway to the east.

These heights are consistent with the proposed 15.0 metres height limit in the Draft LEP. Although the proposal (as it steps down the slope) still exceeds in places, the 15.0 metres proposed height limit in Council’s Draft LEP, the extent of such non-compliances have been significantly reduced in the amended scheme.

In relation to No. 17G Bellevue Avenue and other properties in the subdivision of which it forms part:-

- These properties are in a gully and are very low-lying relative to surrounding development;
- The proposed hospital comprises two wings of 3-6 levels projecting towards these properties from the main body of the hospital building;
- The eastern part of the proposed hospital is set back around 50 metres from the western boundary of the site;
- The northern wing of the hospital, at its closest point, is around 22.0 metres from the dwelling on No. 17G Bellevue Avenue which is the nearest dwelling in the subdivision to the western boundary of the subject site;
- The northern wing tapers and steps to the west – at its westernmost point it is only 15.0 metres wide and three storeys high;
- The southern wing is around 16.0 metres from the dwelling on No. 17G Bellevue Avenue at its closest point;
- At its western end, the southern wing has a width of around 18.0 metres and is 4 storeys high;
- The proposed building height when viewed from the west, whilst substantially greater than that of the single dwellings within the low-lying subdivision, is fragmented (the western ends of the wings are around 28 metres apart), well setback, stepped away from the western boundary and heavily screened by vegetation (refer Landscape Elevation LA 04F in Appendix 12); and

- Between No. 17G Bellevue Avenue and the two wings of the new hospital is comprehensively landscaping with a depth of between 11.0 and 47.0 metres and a width of 70.0 metres.

The height of the new private hospital as amended needs to be considered in this context.

In relation to No. 6 Morven Gardens:-

- it has a ground level at RL 85.4 metres and an upper roof ridge at RL 93.5 metres, and is therefore elevated above the subdivision of which No. 17G forms part;
- the lowest habitable level of the proposed northern wing is at RL 85.8 metres whilst the western roof terrace above the 3 storey end of the northern wing is at RL 95.10 metres (i.e. the height differential between the upper ridge of No. 6 Morven Gardens and the terrace above the third level of the northern wing is 1.6 metres);
- the separation distance between the dwelling on No. 6 Morven Gardens and the nearest part of the above-mentioned roof terrace is around 26.0 metres;
- the separation distance is, and will be, further occupied by vegetation;
- the upper three levels of the northern wing are set back a minimum of 32.0, 36.0 and 46.0 metres from the dwelling on No. 6 Morven Gardens; and
- there are substantial separation distances which attenuate the impact of the proposal's greater height than the dwelling on No. 6 Morven Gardens.

Visual Impact

The Storey and Gough submissions call (on page 10) for a greater setback, a reduction in height and an increase in large planting within the resulting setback and state that the proposal will appear bulky when viewed from their client's property. The comments under "height" above are relevant to this concern. The reduced height of the two wings nearest to the western site boundary, coupled with the substantial setbacks, retained vegetation and additional landscaping result in a balanced and reasonable planning outcome.

Unacceptable zone interface

The Storey and Gough submissions (on page 10) fail to acknowledge the substantial setbacks which are proposed. They are much greater than what might be expected or required if the site (collectively or individually) was to be developed for residential purposes.

The proposal, especially in its amended form, takes into account the form of existing development to the west of the site.

Noise

Hospitals are inherently quiet places – the noise would be likely to be greater from a high density residential development. Noise from external terraces and from dining areas is likely to be minimal, reflecting the circumstances of the users of these spaces. In any event, the separation distances from No. 17G Bellevue Avenue and No. 6 Morven Gardens are

substantial. In relation to the concern with plant rooms, those closest to the western boundary have been relocated. In any event, however, proposed plant rooms would have noise attenuation measures implemented to ensure appropriate acoustic screening.

Light spill

The Storey and Gough submissions (on page 11) state that there should be more landscaping and greater setbacks between the clients' properties and the proposed hospital so as to avoid adverse light spill. Reference to the amended plans illustrates the interrelationship between No. 17G Bellevue Avenue and No. 6 Morven Gardens and the proposed hospital, particularly the significant separation (around 50 metres) between the main part of the hospital and these two properties. The two wings are not only well set back from the common boundary, but are relatively narrow at their western ends and will be separated from the nearest residential neighbours by comprehensive landscaping, incorporating new and retained trees.

Economic impact

The Storey and Gough submissions (on page 12) call for greater setbacks and removal of utility services away from the common boundary to reduce the economic impact on their clients' properties. In the amended plans, the upper levels of the two wings are further setback and plant rooms have been relocated.

Design

The suggestion in the Storey and Gough submissions (on page 12) that the central courtyard should be displaced by a building with a wider peripheral setback is not consistent with the need to ensure good natural light, ventilation and functional space allocation to and within the proposed hospital. The large courtyard and extension of landscaping along the western boundary are considered to benefit the amenity of No. 17G and No. 6 Morven Gardens.

4.2.3 Submission from Mr and Mrs Jones (the "Jones submission")

4.2.3.1 Information in environmental assessment regarding the permitted building

The Jones submission asserts that the permissible height limit under the Draft LEP is 12 metres and not 15 metres.

Any uncertainty regarding the height which Lane Cove Council resolved to apply to the site under the Draft LEP has subsequently been clarified by Council to the Department of Planning. The permitted height under the Draft LEP will be 15 metres.

4.2.3.2 Conflicting information as to nature of proposal

The Jones submission questions the purpose of the proposal.

The proposal is for a hospital as defined in the Major Projects SEPP.

4.2.3.3 Limited evidence of community benefit

On page 2, the Jones submission suggests that the proposal provides insufficient community benefit to justify approval of the major breaches of planning guidelines which are envisaged. The proposal needs to be determined on its merits. Impacts on the Royal North Shore Hospital are addressed in the response by the Essence Consulting Group to the Department of Health Agency submission in Appendix 4.

4.2.3.4 Planning guidelines of current LEP/DCP

The Jones submission makes reference to the objectives of the Residential 2(b) zone in the Lane Cove LEP 1987. The submission specifically refers to the aim of this zone to ensure that new buildings are of a lesser scale than town house development. The applicability of this requirement to non-residential permissible uses such as education establishments and hospitals is highly questionable. There are no development controls in Lane Cove LEP 1987 applying to hospitals. Development applications for hospitals are to be determined on their merits. As hospitals are undoubtedly permissible with consent (not only under Lane Cove LEP 1987, but also under the provisions of Council's Draft LEP) it is inherent in the existing and proposed zoning that they are compatible with existing surrounding residential development.

4.2.3.5 Planning guidelines in proposed Draft LEP

The proposed development controls under the provisions of the Draft LEP are a maximum FSR limit of 1.5:1 and a maximum height limit of 15 metres. Each of these proposed controls applies to each of the 10 separate residential properties which presently comprise the site, as well as the section of Nield Avenue to be closed. The proposal is to amalgamate the site and to construct a new hospital on the consolidated property. Planning instruments often contain incentives to achieve amalgamation. This often used initiative recognises that larger sites are capable of accommodating higher intensity development whilst at the same time allowing for mitigative measures to reduce impacts on nearby properties (such as the inclusion of landscaped setbacks). In the subject case, the main mitigative measure is the substantial landscaped setback which is provided around the development to enable the retention of existing landscape elements and to provide for comprehensive new plantings. Nevertheless, with the modifications which have been made in the amended scheme to the bulk, scale and height of the western parts of the upper levels of the two wings, a greater degree of consistency with the proposed height limit in the Draft LEP has been achieved. Furthermore, the non-compliance with the 1.5:1 floor space ratio limit is modest and as modified the proposal's relationship with its neighbours is considered to be both reasonable and appropriate.

4.2.3.6 Building height

References to the proposed building height in the Jones submission have been considered by the Proponent who has responded by introducing additional stepping of the two wings of the proposal, including the southern wing nearest to the lower building at Nos 7-15 Bellevue Avenue (where the objectors reside). The roof of the southern wing immediately north of the lower building in Nos 7-15 Bellevue Avenue has been reduced to RL 98.2 metres which is comparable to the ridge height of their building at RL 96.89 metres.

It is considered that the design modifications which have been made reasonably address the concerns of the objectors.

4.2.3.7 Privacy impacts

At page 5, the Jones submission states that the windows, balconies and rooftop terrace of the proposed building will be either directly opposite or overlooking their building. The nearest patient care suites to the common boundary with Nos 7-15 Bellevue Avenue are set back around 10.5 metres from the common boundary. Measured to the outer edge of the planter of the nearest balcony along the southern elevation, the setback distance is 9.175 metres. The nearest units in Nos 7-15 Bellevue Avenue to the common boundary are set back around 12 metres whilst the terraces extend to within 8 metres of the common boundary or thereabouts. The separation distance between habitable rooms in the proposal and in Nos 7-15 Bellevue Avenue is therefore around 20 metres whilst the separation distance between balconies is around 18 metres. These building separation distances are substantial and in excess of what might be expected if the subject site was developed for residential purposes. Furthermore, the usage of balconies and terraces would be far more intensive with a residential use than is likely to arise from a hospital use.

4.2.3.8 Topography

The Jones submission states that the proposed building does not adequately follow the topography of the site. This concern of the objectors (on page 5 of their submission) has been better addressed through the amendments which have been made to the proposal.

4.2.3.9 Inadequate boundary setbacks

The Jones submission states (on page 6) that the boundary setbacks are inadequate. The boundary setbacks are substantial and considered to be acceptable and appropriate, not only in the context of the design modifications which have been made which result in a reduced building height at the western end of the southern wing, but also in the context of the likely setbacks in the event the subject site was to be developed for residential purposes.

4.2.3.10 Bulk and scale

The Jones submission states (at page 6) that the bulk and scale of the proposal are excessive.

The bulk and scale at the ends of the two wings has been substantially reduced through the design amendments and in so doing, should address the concerns of the objectors.

4.2.3.11 Rooftop café/terrace issues

The Jones submission (at page 7) raises concerns about noise, overlooking and light spill from the upper level café. The café to be provided on floor level RL 101.3 is well removed from the objector's residence. It is set back around 13 metres from the southern boundary of the site, whilst the terrace off the western side of the café is set back around 19 metres from the southern boundary. Furthermore, the western and southern sides of the terrace have a wide planter which will assist in minimising any overlooking. No outdoor night lighting of the terrace is proposed.

4.2.3.12 View-sharing

The Jones submission (at page 7) raises concern with the obstruction of views. The view impacts on units in the objector's building (which are not in the objector's building but in the uphill building at Nos 7-15 Bellevue Avenue) will be mitigated by the further stepping of the southern wing now proposed.

4.2.3.13 Inadequacy of visual impact studies

Following the public consultation meeting on 6 December 2008 the Proponent prepared additional visual impact studies from selected residences around the site. Each respective visual impact study was then provided to the resident concerned.

Accompanying this Preferred Project report are two amended visual impact studies, including one from Unit 6 in Nos 7-15 Bellevue Avenue. It demonstrates that the amendments which have been made to the design reduce the bulk of the western end of the southern wing and result in an appropriate interrelationship between the neighbouring uses/structures.

4.2.3.14 Erosion control measures

The Jones submission (at page 7) raises concerns with erosion during construction. Erosion control measures will be implemented during construction in accordance with the construction management plan.

4.2.3.15 Tree protection measures

The Jones submission (on page 7) raises concerns with the proposed tree protection measures during construction. Trees to be retained will be protected during construction using effective and well established tree protection measures, as described in the Arboricultural report in Appendix 7 of the Environmental Assessment.

In relation to the trees identified by the objector (on page 8), the Proponent commits to ensuring that adequate protection measures are made during construction to minimise adverse potential impacts on these trees. It is noted that in the objector's submission, they state that such protection "will only require the minor relocation of a retaining wall".

4.2.3.16 Traffic management and parking issues

Construction parking

At page 8, the Jones submission questions where construction related vehicles will park, and where a suitable remote holding area for trucks will be located. These are detailed matters which the Proponent has addressed in the Construction Management Plan and can be conditioned accordingly.

Operational parking issues

The Jones submission (at page 9) questions the adequacy of the proposed car parking supply. The proposed provision of parking is considered to be adequate. None of the agencies object to the proposed parking supply on the ground that it is insufficient.

Traffic impact

The Jones submission (at page 10) questions the impacts of hospital related traffic in surrounding streets. The traffic generation associated with the proposed use is capable of being accommodated by the existing road infrastructure, without necessitating significant vehicular movement through adjoining residential streets, including Bellevue Avenue.

4.2.3.17 Communication issues

Adequate community consultation

The Jones submission is critical of the community consultation which has been undertaken (page 10). The Proponent's efforts to ensure appropriate community consultation are already known to the Department. A comprehensive community consultation report has been produced (see Appendix 6). A resident information day was held on 6 December 2008 (two sessions). A community newsletter was prepared for the project. A project website was established. A stakeholders briefing paper was prepared and circulated to stakeholders. A briefing of the Greenwich Association was organised. All of these efforts by the Proponent to consult the community have been beneficial to all parties in the dissemination of information on the project.

Inadequate access to scale model

The objectors have had an opportunity to view the model.

4.2.3.18 Suggested approval conditions

The Jones submission (at page 11) identifies proposed conditions of consent. The Proponent agrees that the dilapidation report should be prepared prior to issue of a construction certificate. The Proponent invites discussions with the Department on other conditions in due course.

5. RESPONSE TO KEY ISSUES RAISED BY DEPARTMENT OF PLANNING

5.1 Neighbourhood character

- “• *Consideration should be given to the existing neighbourhood character and appropriateness of the development demonstrated with reference to existing and/or desired future character.*”

The neighbourhood is characterised by high density residential flat buildings along the Pacific Highway, transitioning to medium density development along Bellevue Avenue and, as the topography falls to the west, to low density residential subdivision on the lower western slopes. The lower density development is not accessed from the Pacific Highway. It is accessed from predominantly residential streets. Sites that are adjacent to and accessed from or close to the Pacific Highway generally have a different character and a higher land use intensity.

The site relies on Nield Avenue for all its vehicular access needs. This operational separation of the subject site from low density residential development to the west and south-west, coupled with the proximity of the site not only to the Pacific Highway but to existing high density residential development along the Highway has been recognised by Lane Cove Council, which proposes to rezone the subject site for high density residential purposes. Inevitably, once this new zoning is introduced, subsequent development will change the character of the site from low density to high density development. This represents the desired future character of the site.

The introduction of a higher density land use form is therefore entirely consistent with the planning intentions for the site. Nevertheless, it is still most important that any redevelopment on the site integrates appropriately with its surrounds. The proposal does this through comprehensive landscaping, not only of the site's periphery, but also of the central space positioned between the two wings. The landscaped area at ground level amounts to around half of the site area. Substantial setbacks are provided from adjoining sites, allowing not only the retention of existing vegetation around the periphery of the site, but also the introduction of additional comprehensive landscaping.

The key issues which have been raised by the Department and by local residents have been considered by the Proponent. Concerns have been expressed about the bulk and scale of development, particularly at the western ends of the two wings which extend onto parts of the site where the topography falls relatively sharply to the west, resulting in a pronounced increase in building height. (Although concerns have also been expressed about the height of the building elsewhere, it must be recognised that along its eastern elevation, compliance with the proposed 15.0 metre height limit is largely achieved.)

In response, the modifications to the building envelope as illustrated on the plan in Appendix 3 have been made, resulting in a greater stepping down the slope towards the low-density residential subdivision to the west. The western end of the northern wing now has three storeys whilst the western end of the southern wing has four (but only because of the

provision of the rehabilitation centre on the lowest part of the site). The third storey of the northern wing is set back a minimum of 11.0 metres from the western boundary whilst the fourth storey of the southern wing is set back a minimum of 14.9 metres. Both measurements are to planters.

The setbacks to habitable spaces increase as the building steps up the slope so that in the case of the uppermost level (RL 101.3m) of the northern wing, its habitable areas are 33.4 metres from the western boundary whilst in the case of the southern building, its habitable areas are set back around 47.15 metres from the western boundary.

These increased setbacks, level by level, respond to the issues which have been raised in relation to the bulk, scale and height of the proposal relative to the character of the neighbourhood. The proposed use, however, is inherently consistent with the character, being permissible under both the existing and proposed zonings.

The landscaping and setbacks combined with the stepping in the built form from east to west ensures that both the existing and desired future character of the area are respected and that the resultant building will not only be appropriate within its context, but complementary to it as well.

5.2 Bulk and scale

- “• *The Department supports concerns raised regarding the proposed bulk and scale of the development and impacts on adjoining residential properties in terms of overlooking, overshadowing, loss of views etc.*”

The proposal has been amended to address these concerns. The amendments primarily involve a reduction in the bulk, scale and height of the upper parts of the two wings as described above, so as to achieve an improved transition between higher density development along the western side of the Pacific Highway and lower density residential development to the west of the site.

The issues of overlooking, overshadowing and loss of views are addressed below.

Overlooking

- Separation distances between surrounding buildings (and particularly to the west and south) are for the most part, substantial;
- Balconies are generally narrow and not designed for entertaining;
- Patients, unlike residents of a residential flat building, will be likely to have only limited use of the balconies and terraces;
- Balcony balustrades will have translucent glazing;
- Planter boxes will be provided to terraces and some balconies;

- Removal of building bulk at the western ends of the two wings reduces the potential for overlooking;
- Terraces are substantially set back from boundaries; and
- Comprehensive landscaping is proposed.

Overshadowing

- The original proposal did not impact extensively on the north western elevation of Nos 7-15 Bellevue Avenue being the residential development to the south of the site, thus the amended proposal with height and bulk removed from the upper level of the southern wing will have even less of an impact.
- Reference to the three-dimensional shadow models in Appendix 9 shows that the north west facing windows in the lower of the two buildings on Nos 7-15 Bellevue Avenue are largely unaffected by shadow from the proposal throughout the midwinter day between 9.00 am and 2.00 pm with only modest impact between 2.00 pm and 3.00 pm. The upper building starts to have its north western facing windows on its lower levels impacted on only from around 2.00 pm onwards in mid-winter. The upper levels remain in sun.
- Impacts on the closest of the residential dwellings to the west (i.e. No. 17G Bellevue Avenue) are generally limited to only minor affectation in mid-winter mornings with no impacts after around 11.30 am. The only other dwelling to the west which is affected by overshadowing in the prescribed period is No. 17 Bellevue Avenue and then only minimally in early midwinter mornings.

Views

- View impacts on west facing apartments in buildings to the east and on south facing units in buildings to the north will remain as described in Section 4.3.2.2 of the Environmental Assessment, except that there will be less obstruction of southern and south western views because of the increased setbacks of the upper levels of the northern wing from the western site boundary.
- Views and outlook from adjoining buildings mainly to the east along the Pacific Highway but also to the north of Morven Gardens (i.e. Ridgeview) will be impacted by the proposed hospital. West-facing units in those buildings to the east (other than those on the lowest level, whose views may already be obstructed in part by the existing dwellings on Nos 1 and 8 Nield Avenue) and south-facing units in Ridgeview to the north enjoy leafy outlooks into and in some cases over the subject site, dominated as it is (visually) by substantial trees, to the west (to the Blue Mountains) and south-west, and (in the case of Ridgeview) to the south.
- Affectation of and curtailment to this outlook is predominantly associated with the height of any building erected on the northern and eastern parts of the site closest to the affected units. Overlay of the hospital roof plan on the survey plan base reveals that the predominant roof height (RL 104.4 metres) is around 10.75 metres above existing ground level (RL 93.75 metres) at the south-eastern corner of the proposed building and around 13.3 metres at the north-western corner (RL 91.08 metres). At the centre of the

proposed building, along its northern edge, the predominant roof level at RL 104.4 metres is around 15 metres above existing ground level. This reflects the fall in ground level towards Nield Avenue from Nos 1 and 8 Nield Avenue, which stand respectively to the south and north of the street.

- The height of the proposed development (i.e. four storeys) closest to the existing residential flat buildings to the north-east on either side of Nield Avenue is thus consistent with the proposed height limit in Draft Lane Cove LEP 2007 (i.e. 15 metres). It is thus highly likely that there will be an impact on westerly views and outlook from the west-facing units in those buildings as a consequence of the proposed rezoning, except from the uppermost level in each building. It is acknowledged, however, that the extent of likely view affectation is increased by the infill (by the new building) of what is now road reserve. Corner units in the two adjoining residential flat buildings to the east, either side of Nield Avenue, presently have an outlook to the west along and over Nield Avenue. This will be interrupted by the proposed hospital, as it would be by any four-storey residential flat development proposed pursuant to the R4 High Density Residential zone (once introduced) which, as with the proposal, benefits from the greater design flexibility and site area afforded by the road closure, now underway.
- In case of Ridgeview south-facing units in that complex, and particular in the westernmost building lookout over the subject site. Some west facing units in the development would also have oblique views over the subject site, particularly from west facing balconies. With a roof ridge of RL 108.37, the westernmost Ridgeview building is around 4.0 meters higher than the predominant roof height of the proposed hospital (i.e. RL 104.4 metres), while the eastern Ridgeview is around 8.0 metres higher at RL 112.5 metres. The southern outlook from south facing windows in the western-most building will be obstructed by the proposed hospital although the level of obstruction is reduced in the amended proposal through the removal of building bulk at the western end of the northern wing. The south westerly outlook from south facing windows in the eastern-most building (except from the windows on the top level) will also be obstructed. The outlook nevertheless will be interspersed by trees and other vegetation, both within Morven Gardens and along the north western periphery of the development.
- Given the low density character of the existing development on Nos 1-8 Nield Avenue and the proposal in Draft Lane Cove LEP 2007 to rezone the land to R4 High Density Residential with a FSR limit of 1.5:1 and a height limit of 15 metres, affection of outlook across the subject site from units to the north and east is largely inevitable.

5.3 Building design

- “• *Serious consideration should be given to building design and layout alterations suggested in public submissions to reduce impacts on adjoining residential properties.*”

The building design has been amended in response to submissions. In particular, impacts on adjoining residential properties to the south and west have been reduced through design changes to the western ends of the two wings, which introduce a greater stepping down the slope to better reflect the topography. These design changes have necessitated a repositioning of some but not all of the displaced space. Some of the displaced space has

moved to the western end of the lower levels of the northern wing. However, the additional areas are modest and there remains a significant setback of around 11.0 metres at the nearest point from the western site boundary, where the proposal has been reduced in height to 3 storeys.

A larger proportion of the displaced space has moved to the area above the lobby/entry where the upper void of the atrium has been infilled. These add only marginally to the bulk of the building at this point (see Appendix 10) whilst still retaining transparency through the lower two levels to the landscaped courtyard beyond.

5.4 Vegetation

- “• *Number and location of trees to be removed and retained should be confirmed and presented consistently. Only trees within the development site (not on adjoining properties) should be counted in total number of retained trees.*
- *Serious consideration should be given to advice from DECC regarding vegetation in the south west corner of the site and that native vegetation removal should be appropriately mitigated.”*

Section 2.6 of this Preferred Project report identifies only the trees on the site which are to be removed and retained.

The advice from DECC relating to the vegetation in the south-west corner of the site is addressed in the response from Footprint Green provided in Appendix 3. Reference to the two figures attached to the Footprint Green response illustrates that much of the Urban Gully vegetation is retained as a consequence of the substantial setback of the southern wing. The Urban Gully vegetation, being contained within the rear yard of a residential property, is presently in a state of decline. It will be improved if the development proceeds. Noxious and environmental weeds will be removed. New indigenous trees will be planted, using seed stock from the indigenous trees to be removed on the site. The area will be rehabilitated. There is no necessity to pull back the development footprint. A reasonable and balanced outcome is produced by the project in its amended form.

5.5 Land owner's consent

- “• *Land Owner consent is required for Nield Avenue.”*

Landowner's consent from Lane Cove Council as owner of Nield Avenue and of the Morven Gardens pathway is provided in Appendix 6. Landowner's consent from Waterbrook at Greenwich Partnership, as owner of the individual residential lots, is provided in Appendix 7.

6. REVISED STATEMENT OF COMMITMENTS

6.1 Introduction

Under Section 75F(6) of the *Environmental Planning and Assessment Act 1979* ("EP&A Act"), a Proponent may be required to include a Statement of Commitments within the Environmental Assessment, outlining the measures the Proponent is prepared to make in respect of environmental management and mitigation at the site. The Proponent's Environmental Assessment report, in Section 4.4, included a draft Statement of Commitments for the project which specified how the project would be managed, to minimise potential impacts both during construction and operation.

Following on from a review of submissions received by the Department of Planning during the exhibition of the Environmental Assessment report, the draft Statement of Commitments has been reviewed and various minor revisions made. Inserted text is identified in **bold** type and deleted text is identified by ~~strike through~~. (thus)

6.2 Revised statement

A. General

A1. The development will be undertaken generally in accordance with the Environmental Assessment report **as amended by the Preferred Project report, both** prepared by BBC Consulting Planners, including accompanying appendices.

A2. The development will be undertaken generally in accordance with the architectural, and landscape, ~~and civil services~~ drawings submitted with the ~~Environmental Assessment~~ **Preferred Project** report, while allowing for reasonable design development to occur.

A3. The Civil Service plans submitted with the Environmental Assessment report are to be modified to be consistent with the drawings referred to in A2 above. The required modifications will not necessitate any additional loss of existing trees.

~~A34.~~ The Proponent is committed to the principles of sustainability as defined in the *Environmental Planning and Assessment Act, 1979*.

~~A45.~~ The Proponent will implement the Communication Plan submitted as part of the Environmental Assessment report.

B. Further Approvals

B1. The Proponent will obtain all necessary approvals and licences required by State and Commonwealth legislation in implementing and operating the project.

B2. The Proponent will obtain a Construction Certificate prior to the implementation of building works, other than demolition and preparatory site works (including the removal of trees and other site vegetation).

C. Demolition, Excavation and Construction Management

C1. All demolition, excavation and construction work will be undertaken in accordance with the Construction Management Plan submitted with the Environmental Assessment report.

C2. The Proponent will put in place environmental controls to mitigate the effects of noise, dust, vibration and erosion during demolition, excavation and construction, including the implementation of:-

- excavation methodologies consistent with the geotechnical report submitted with the Environmental Assessment report and the mitigative measures for noise and vibration set out therein;
- noise mitigation on construction equipment where necessary;
- management of dust by use of screens and/or hose down; and
- implementation of erosion and sediment control devices as shown in the set of civil services plans submitted with the Environmental Assessment report.

C3. The building contractor will establish a Safety Plan before work commences on-site detailing safe work methods and procedures to be followed on-site and to ensure compliance with OH&S and statutory requirements, such plan to address safety risks during demolition, excavation and construction activity, including:-

- stability of adjacent structures;
- excavation support;
- falls from heights;
- protection of the public;
- traffic controls around the perimeter of the site; and
- working with high voltage electrical supply.

C4. Construction activities (including demolition and excavation) will only occur between 7.00am and 6.00pm, Monday to Friday, and between 8.00am and 1.00pm Saturdays, unless further acoustic analysis of specific noise-producing works has been carried out and endorsed by a qualified acoustic engineer.

C5. The building contractor will be required to arrange sorting and recycling of waste materials to ensure maximum recycling is achieved, in accordance with the Construction Management Plan.

C6. Prior to the commencement of demolition and excavation, a Hazardous Materials Assessment will be undertaken on all structures. Any hazardous materials identified will be disposed of in accordance with statutory and EPA requirements and guidelines.

C7. The Proponent will ensure construction traffic and parking requirements during construction activities are as per the traffic and parking assessment report submitted with the Environmental Assessment report, which include:-

- provision of a 'platform' at the Nield Avenue frontage to accommodate loading and vehicle turn-around at the end of Nield Avenue;
- remote queuing of trucks during the excavation process and concrete pours;
- traffic controllers and VMS signs at the Pacific Highway/Nield Avenue intersection during the excavation activities and concrete pours; and
- provision of worker parking on-site whenever possible.

C8. The Proponent will carry out all construction activities in accordance with relevant environmental protection legislation.

C9. The Proponent will prepare and implement further detailed construction management plan in conjunction with the contractor and submit to the Principal Certifying Authority prior to commencing construction works.

C10. The Proponent will instigate environmental management and mitigation measures during construction activities as per the CMP.

D. Tree Protection

D1. Designed tree protection measure and general tree protection measures (as appropriate) will be implemented for the trees identified as being retained in the aboricultural report submitted with the Environmental Assessment report.

D2. Eleven (11) indigenous trees and twenty-three (23) planted non-indigenous native trees will be retained as identified in Section 6.5 of the flora and fauna report submitted with the Environmental Assessment report.

E. Biodiversity/Tree Loss

E1. To compensate for the loss of indigenous trees from the site, the Proponent will plant at least 14 indigenous tree species as part of the implementation of the landscape plan.

E2. The species to be used for the compensatory planting referred to in E1 above should be selected from the table on page 41 of the flora and fauna assessment and will include a minimum of eight (8) Sydney Blue Gum or Blue Gum/Bangalay Cross species.

E3. The Proponent will collect seeds from the indigenous trees to be removed, propagate them and use them in the re-vegetation/landscape works on the site.

F. Promotion of public transport use, walking and cycling

F1. A Workplace Travel Plan ("WTP") will be developed and maintained and disseminated to staff at the hospital. **Various travel demand management initiatives are**

to be considered for inclusion in the WTP. Assistance will also be given to employees to develop personalised journey-to-work travel plans which take advantage of public and active transport options.

F2. On-site provision will be made for staff bicycle storage.

G. Acoustic considerations

G1. Noise and vibration during demolition, excavation and construction will be mitigated in accordance with the recommendations and guidelines in the geotechnical report, Construction Management Plan and acoustic report submitted with the Environmental Assessment report.

G2. The building (which is Class 9a under the BCA) will meet the acoustic requirements for a Class 9c building.

G3. Once plant and equipment has been selected for the new hospital, a separate acoustic assessment will be carried out to ensure that noise emissions are controlled, and compliance achieved with the criteria specified in the DECC Industrial Noise Policy guidelines.

H. ESD

H1. The Proponent will implement the recommendations in the Energy Efficiency Assessment submitted with the Environmental Assessment report.

H2. The Proponent will consider the following measures to improve energy efficiency and reduce greenhouse gas emissions:-

- Use of roof skylights for natural lighting;
- Use of light colouring for the internal walls to maximise the use of natural daylight;
- Rainwater harvesting tank for landscape irrigations;
- Minimum R1.3 External Wall insulation;
- Minimum R2.65 Roof/Ceiling insulation;
- Use of equipment with automatic power off;
- Use of low E glazing for the curtain wall glazing to the east and west to help reduce the solar heat gains;
- Use of air-conditioning systems with high coefficient of performance; and
- Negotiating power agreements with local providers.

I. BCA and Fire Engineering

I1. The Proponent will develop a fire engineered Alternative Solution prior to issuance of the main Construction Certificate for departures from the Deemed-to-Satisfy (DTS) provisions of the Building Code of Australia (BCA) related to:-

- **double height** construction;
- travel distances;
- horizontal exits; and
- non-required, non-fire-isolated stairways.

I2. The Proponent will give consideration in the preparation of the Alternative Solution to the Fire Safety Strategy documented in Stephen Grubits & Associates report 2006/400 R2.0.

J. Communication

J1. The Proponent will implement the Communication Plan in accordance with the calendar of events set out therein.

K. Health Care Services

K1. The Proponent will comply with all relevant regulatory requirements for the design and construction of the proposed private hospital.

K2. The Proponent will comply with all relevant regulatory requirements for the on-going operations of the proposed private hospital.

K3. The Proponent will obtain all necessary licenses and compliance certificates necessary for each of the proposed health care functions prior to providing those health care functions within the proposed facility.

K4. The Proponent will prepare an Operational Plan of Management.