Attachment A – Response to Submissions Table

	Issues Raised	Proponent's Response
Campbelltown City Council	Council's concerns in relation to the proposal are as follows:	
	Traffic issues *Access* ▪ The road layout within the hospital should be designed in a way that would encourage staff and the majority of visitors to leave the site via the internal road network exiting the precinct through Central Road, rather than via Parkside Crescent. One-way aisles should be implemented in certain locations to prevent the majority of vehicles from egressing the site via Parkside Crescent.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C**. In summary, this issue is not relevant to the proposal, as the internal road layout of the Hospital was rearranged and approved under the REF approval.
	▪ The traffic and parking report submitted with the application indicates that Parkside Crescent has sufficient vehicle movement capacity to absorb predicted impacts (based on RTA guidelines). However, due to the narrow width of the road , high parking demand and road geometry, the driveability of the road is reduced and should not (as described in the report) be regarded as an alternate access point to the hospital, unless widening of the carriageway is undertaken as well as improvements to the parking configuration within the road.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C**. In summary, the appended traffic response states that Parkside Crescent, between Central Road and Hyde Parade are associated with Hospital activities and such characteristics form a 'hospital precinct' for the area. Parkside Crescent encourages a low speed through the narrow carriageway and thus makes it less attractive for higher level of vehicular use. Any widening of Parkside Crescent would therefore be Council's responsibility.

	Issues Raised	Proponent's Response
	▪ Any consideration of the use of Parkside Crescent as an alternative point of access/egress to and from the hospital site must provide for substantial upgrade works to Parkside Crescent including road widening and the provision of additional car parking.	This issue is not relevant to the proposal as the alternative route for staff access was dealt with under the REF approval. Further, under the principles in the Department's Circular D6, road widening would not constitute a reasonable contribution for a Hospital to provide.
	▪ The traffic and parking report does not consider the accessibility of car parking spaces and areas in relation to each building or area of the hospital site. Rather, the report only describes calculations of aggregate car parking demand and supply. Without determining the car parking demand and supply for each building and outlining where staff and visitors for each building are expected to park, there is no way for Council to be certain that car parking is adequately catered for in terms of supply and accessibility. Parts of the hospital with high car parking demand may be inadequately served by nearby car parking areas, leading to spillover into nearby streets. Conversely, car parking areas in relatively inaccessible parts of the site may be underutilised due to their isolation from areas that generate high car parking demand.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C**. In summary, an appropriate assessment of parking provisions has been carried out and while allocated parking spaces for certain activities has been considered, a more centralised parking area for staff (similar to other institutional campuses) has been planned. Appropriate parking areas (including accessible spaces) has been provided within close proximity to the proposed building.
	▪ The traffic and parking report does not mention nor considers access for plant and maintenance.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C**. Section 4.2.2 of the original Traffic and Parking Report submitted with the EIS addresses the service vehicle access.
	Car Parking	Traffic and Parking issues are addressed in detail in TTW's

	Issues Raised	Proponent's Response
	- Council notes that the traffic and parking report indicates that the Hospital's car parking demand is generally satisfied by on-site parking facilities. The report's estimation of existing car parking demand (1070 spaces overall) is considered to be unacceptably low, for the following reasons; - A car mode share assumption of 79% has been used, with the reason being that cars have a mode share of 79% of all trips within south-western Sydney. However, Council considers it most unlikely that 79% of all trips to Campbelltown Hospital would be made by car. Comparisons with other hospitals in the traffic and parking report suggest to Council that a higher mode share would provide a more realistic reflection of existing parking demand. - Based on the three hospitals listed, average mode share for Visiting Medical Officers is 100%, for staff 81 % and for outpatients/visitors 82%. The use of a 79% mode share for cars is too low, which is supported by current observations at the site, clearly demonstrating that demand for car parking exceeds on-site supply, with significant spill over into Parkside Crescent:	Response to Traffic and Parking Report at **Appendix C**. In summary, the ABS data/community profile for Campbelltown LGA (council's website) shows a car use of 65% (58% car driver + 7% car passenger) for journey to work trips. Therefore, the use of 79% car use is much more conservative figure. It also aims to promote a gradual active and public transport as part of the current State's planning and environmental objectives. The parking estimates are based on 79% and 80% use among hospital's patrons with minimal level of shift works and absentees. Please refer to Chapter 5 of Traffic and Parking Report where all current State and Regional strategies have been outlined to achieve a less dependent car use.
	Although limited detail is provided in the traffic and parking report explaining the logic in support of the assumptions that have been adopted for existing visitor parking demand, it is noted that the demand for visitor parking is assumed to be spread across the day on a relatively even basis. However in all reality, parking demand is and will continue to be expressed in 'peaks' (the 10% of total visitors used is too low for a peak period). Claiming that the visitor car parking demand is spread relatively evenly, reduces the estimated	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C**. In summary, the Traffic and Parking Report submitted with the EIS allocates 18 car parking spaces for visitors during peak hospital's activities.

	Issues Raised	Proponent's Response
	demand for visitor car parking.	
	- Further, the traffic and parking report fails to address the periods of heightened car parking demand that would occur at times of staff shift changeovers.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C**. In summary, the assessment of parking demand has been based on car parking occupancy associated with the Hospital. The proposed parking provision has been based on this notion. Similar to other Hospitals, during the change over time some spaces are allocated per current arrangement and also managed by staggered shift hours. The current and future car parking management for the site includes avenues to promote car sharing and public transport among staff.
	- There does not appear to have been a traffic and parking occupancy survey undertaken after 5pm, when road traffic in the precinct would be heaviest and visitation to the hospital would be at its peak.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C**. In summary, the car parking occupancy within the campus reduces after 5pm as most staff leave the Hospital. A high level of available car parking spaces has been observed after 3.00pm within the Hospital campus.
	- The traffic and parking occupancy surveys are out-dated, having been undertaken 14 months ago and 20 months ago respectively. Council believes that the results of these surveys are unlikely to reflect the current situation.	There has been no change of activities as part of the Hospital redevelopment, therefore the survey results are true indication of hospital's activities. It is important to note that during construction period some level of car parking issues and additional demand will be experienced. However this is only for a short period during construction time similar to any other development.
	- Council is convinced that the traffic and parking report's estimation of future car parking demand (1220 once the expanded hospital is operational)	Please see above comments and **Appendix C**.

	Issues Raised	Proponent's Response
	is excessively low, for the following reasons:	
	▪ A car mode share of 79% has been used, with the reason being that cars have a mode share of 79% of all trips within south-western Sydney. However, it is unlikely that 79% of all trips to Campbelltown Hospital would be made by car. Comparisons with other hospitals in the traffic and parking report suggest a higher mode share should be used. Based on the three hospitals listed, average mode share for Visiting Medical Officers is 100%, for staff 81% and for outpatients/visitors 82%. The use of a 79% mode share for cars is too low, which is supported by observations of the site, which suggest that current demand for car parking exceeds supply, with significant spillover into Parkside Crescent. This "reality' is not likely to change into the future. Indeed, it is likely that mode share to private vehicles will increase, especially given that the hospital (as Council has been informed by senior hospital management representatives) will service increasing numbers of residents from the South West Growth centre precincts and other new residential areas in the Camden area, which are not serviced by rail or other effective public transport options.	Please see above comments and the Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C.**

	Issues Raised	Proponent's Response
	- Although limited detail is provided in the traffic and parking report explaining the logic in support of the assumptions that have been adopted for future visitor parking demand, it is noted that the demand for visitor parking is assumed to be spread across the day on a relatively even basis. However in all reality, future parking demand would occur in certain 'peaks' (the 10% of total visitors used is too low for a peak period). Claiming that the visitor car parking demand is spread relatively evenly, has the effect of reducing the estimated demand for visitor car parking. Using a more realistic figure of 50%, it is considered that there would be a more likely shortfall of in the order of 400 car parking spaces.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C.** In summary, the Hospital Redevelopment Stage 1 mainly relates to providing facilities for an improved and more efficient Hospital service for the community. Therefore, its redevelopment will not result in a high number of activities rather a more efficient and less timely services.
	- Surprisingly to Council, the 'average stay length' differs between the calculations for existing outpatient parking demand and future parking demand. No explanation has been offered in the traffic and parking report to address this inconsistency. A figure of 120 minutes has been used as the 'average stay length' in calculating existing car parking demand but 90 minutes has been used as the 'average stay length' in calculating future car parking demand. This means that parking space 'turnover' would theoretically be faster and therefore peak build-up would be lower for the proposed building than is the case for the existing hospital. An average stay length of 120 minutes must be used to calculate future car parking demand, consistent with that used to calculate existing car parking demand. At present, this anomaly results in a likely shortfall in the order of 30-35 car parking spaces.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C.** As mentioned earlier as part of the Hospitals Redevelopment program, one of the objective is to provide a more efficient service for shorter length of stay among outpatients. Accordingly, as the Traffic and Parking Report submitted with the EIS clearly indicates "Note: new outpatients' visits will be shorter so 90min instead of 120min is used" a lower and more realistic outpatient service time has been utilised.

	Issues Raised	Proponent's Response
	- The traffic and parking report envisages that parking demand would be contained by the introduction of strategies to promote less car dependency among staff. However, the implementation and/or success of such strategies cannot be relied upon in forecasting future car parking demand. Council would not ordinarily contemplate such information in determining parking demand associated with other development proposals.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C.** It should be noted that Hospitals have a distinct characteristics and provide service to the community and are not comparable with other development. The Director General Requirements required sustainable measures and strategies to be incorporated in the traffic and parking generation. These measures will be adhered to, and include a number of provisions such as bicycle parking, incentives to promote active and public transport for staff, and introduce parking fees for new staff, discourages car use.
	- The traffic and parking report fails to address the periods of heightened car parking demand that would occur at times of staff shift changeovers.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C.** Please see comment on 'traffic and parking report fails to address periods of heightened car parking demand..'
	▪ The traffic and parking report states that the on-street parking in the study catchment area for the hospital contains 105 parking spaces on Parkside Crescent. The report fails to highlight that these car parking spaces are also used by the surrounding businesses and their customers, and by users of the large public park (Marsden Park) across from the hospital. -	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C.** As mentioned earlier, a section of Parkside Crescent, has Hospital Precinct characteristics. The observation of car parking use along a section of Parkside Crescent, south of Private Hospital at a number of occasions during the study period showed car parking vacancies; please see Table 3.2 of Traffic and Parking Report. This indicates the localised use of these parking areas.
	It is noted that the report does not use these spaces to offset the required parking for the development but it implies that parking is available within Parkside Crescent. Currently there is a very high demand for car parking within Parkside Crescent, some of which	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C.** The car parking activities associated with the Hospital are detailed

	Issues Raised	Proponent's Response
	is the result of an existing undersupply of available designated car parking within the hospital. Unless the calculations for existing and future car parking demand are revised to reflect a more realistic scenario and on-site parking is provided commensurate with this demand, spill over of parking into Parkside Crescent will continue to occur and intensify, which Council and the community cannot accept.	as part of the Traffic and Parking report submitted with the EIS. It should be noted that the Hospital cannot cater for parking demand of other land use activities within the area.
	▪ Provision for car parking should be made sufficient to cater for the proposed future expansion of the inpatient facility to 120 beds.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C.** The car parking provision as part of the Hospital redevelopment plan has been based on its existing and future car parking demand with minimal impact on surrounding streets.
	▪ The traffic and parking report does not provide a breakdown of internal parking distribution with regard to the parking demand for each centre/facility within the hospital.	Traffic and Parking issues are addressed in detail in TTW's Response to Traffic and Parking Report at **Appendix C** Parking demand for various users has been identified as part of the Traffic and Parking Report submitted with the EIS.

	Issues Raised	Proponent's Response
	Development Contributions ▪ The exemption sought to Council's Section 94A Development Contributions Plan is not supported. The benefit of the proposal is regional and not isolated to the City of Campbelltown.	We re-iterate Section 6.25 of the EIS: *The relevant contributions plan for the site is the Campbelltown City Section 94A Development Contributions Plan, effective since 9 August 2011. The plan allows for exemptions to be considered for certain forms of development, including "extensions and / or alterations to existing non-residential development that involves the construction of servicing / utility / amenity and like spaces." The proposed development will provide a public benefit by providing an important public service, being an acute health service facility for the Campbelltown / Macarthur centre and the South West Sydney Region. Therefore an exemption to the developer contributions is sought, under the Section 94A Plan.* The proposed health facility is consistent with the Department's existing *Circular D6 -Crown Development Applications and Conditions of Consent* and an exemption is appropriate on the following grounds: ▪ The levying of contribution on projects for health purposes to local services will not have any direct nexus to the development; ▪ The payment of contribution to facilities elsewhere would consume resources which should be devoted to the Hospital's core infrastructure upgrading and social benefits that would result in such a development; ▪ Circular D6 provides a matrix that states health facilities do not require offset contributions to upgrade local roads, only works associated with the site entrance. Importantly, Circular D6 notes: *Crown activities providing a public service or facility lead to significant benefits for the public in terms of essential community services and employment opportunities. Therefore, it is important*

	Issues Raised	Proponent's Response
		that these essential community services are not delayed by unnecessary disputes over conditions of consent. There activities are not likely to require the provision of public services and amenities in the same way as developments undertaken with a commercial objective. Therefore, consistent with Circular D6 and considering the public benefit overrides any local contribution cost, it is not considered justified to impose Development Contributions to a health facility.
	The impact of the proposal must be considered, Even more so when current impacts of the hospital on that infrastructure such as Parkside Crescent (e.g . on-street car parking) have not been appropriately considered .	TTW response to traffic and parking issues has addressed the adequacy of the proposal's on-site parking. Refer to **Appendix C**.
	The proposed hospital building will increase the use of Council roads and other public facilities within and in proximity to the Regional City Centre and as currently configured, is likely to increase the traffic and car parking loads within Parkside Crescent, and the Park Central precinct in general.	Refer to above and **Appendix C**.
	Council's position is that a development contribution of 1 % of the cost of works is payable to Council. With a cost of works of $108,268,425M, a development contribution of $1,082,684.25 is payable. The proponent may further work with Council though to offset some of this total.	Refer to above comments regarding contributions.
	Streetscape Given the location and visual prominence of the hospital site, the 'massing' and scale of the building and in particular the large areas of concrete proposed to be exposed as part of the proposed building's facade and adjacent retaining walls at street level (including that depicted on the two proposed stair towers) are of significant concern to Council. The outcome would present the building with a bland and imposing appearance with little articulation, and offer minimal visual interest as viewed from the public domain.	BVN has provided amendments to the design and the façade of the building updated plans at **Appendix B** show the extent of these changes. Large vertical slot windows are proposed to each stairwell that are framed by a projecting 'window frame' that introduces lighter metal cladding to the window reveal. These design elements add a three dimensional component to the façade, which gives the building greater articulation and interests when viewed from Parkside Crescent or Marsfield Park.

	Issues Raised	Proponent's Response
	▪ Due to the large areas of concrete proposed at street level, the development does not interact positively with the street domain and presents significant opportunity for graffiti attack. Although the ground level of the building and retaining walls would be partially screened by landscaping, the urban design outcome is not satisfactory. Landscaping should not be relied upon to screen an unsatisfactory design.	The updated plans at **Attachment B** replace the precast wall to the base of the building with infill stone gabion wall infill panels. The gabion wall will provide a more attractive wall feature as well as naturally deterring graffiti and will reflect and complement the stone surrounding to the Birunji Creek to the park opposite, effectively connecting the base of the building with park surrounds. Further detail is provided within Section 2.1 of this Response to Submissions Report.
	▪ The following amendments need be made to enhance the quality of the architectural outcome, and to ensure the development does not detract, but adds value to the character of the precinct and the Campbelltown Regional City Precinct: - Glazed windows or alternative architectural devices need to be provided at street level on the building's western facade. - The protruding stair towers require improved design and architectural treatment including articulation, additional glass and/or alternative/supplementary materials and/or colours - The building's roof should be redesigned to achieve an improved visual interest. - The change in ground levels between the street and the area north of the proposed hospital building requires a better solution than a large bland retaining wall. A landscaped slope or	Refer to above for comment and Section 2.1 of this Response to Submission Report for further detail and design amendments.

Issues Raised	Proponent's Response
stepped landscape area must be provided to facilitate the change in ground levels.	
Hydraulic issues Council's preliminary flood modelling for the Birunji Creek catchment indicates that Parks ide Crescent and Central Road would be inundated by floodwaters from overland flow in a 5 year ARI flood event, which can potentially affect access to and from the hospital. The operation of and access to the major public hospital in the Macarthur Region should not be constrained by flooding in any circumstance. Central Road should be upgraded to ensure that a viable access route can be maintained during flood events up to and including the Probable Maximum Flood.	Stormwater and drainage issues are addressed by C&M Consulting Engineers (C&M) Response to Submissions letter at **Appendix D**. C&M has noted that this issue is in relation to the capacity of Council's existing drainage system in Central Road and Parkside Crescent. Extensive consultation with Council was undertaken in February 2012 prior to lodgement of the DA and as part of this consultation a report was prepared by C&M that assessed the capacity of Council's existing drainage systems in Central Road and Parkside Crescent. This report confirmed the roads are capable of absorbing the increased capacity and was submitted to Council for review and acceptance prior to lodgement of the DA.
- The hydrological/hydraulic information provided with the application is lacking the necessary detail to assess the impacts of the proposed development with regard to flooding . A detailed hydraulic analysis is required for the existing piped drainage network in Parkside Crescent and Central Road to determine the existing capacity of the system and subsequent ability of the proposed development to connect to th.ese. Further, the hydraulic calculations must ensure that the 100 year ARI flood level of the appropriate downstream basin is adopted as the tail-water level control.	Please see above and C&M Consulting Engineers response to submission letter included at **Appendix D**.
- A detailed hydraulic analysis due to a Probable Maximum Flood is required for the proposed major system (i.e. roads, overland flow paths and pipes) associated with the development proposal.	Stormwater and drainage issues are addressed by C&M Consulting Engineers (C&M) Response to Submissions letter at **Appendix D**. The majority of the drainage works is being completed through the REF civil works. The stormwater drainage for the site has

	Issues Raised	Proponent's Response
		been designed to collect and convey stormwater drainage via a conventional piped stormwater drainage system for storm events up to and including a 1 in 20 year Average Recurrence Interval (ARI) storm event. Provision has been made for the safe conveyance of storms via overland flow paths for storm events in these cases.
	- The proposed piped drainage system should be designed to properly account for the future development of the overall Campbelltown Hospital site.	C&M Consulting Engineers has provided a response to submission letter included at **Appendix D**. In summary, the design of new stormwater drainage lines allows for future expansions of the hospital in accordance with the future redevelopment of the Hospital site.
	▪ In accordance with Section 4.12 (Minor System) of Volume 2 of Campbelltown (Sustainable City) Development Control Plan 2009, the nominal design for the piped drainage (minor system) should be the 100 year ARI flood with regard to access to emergency facilities.	Please see comments addressed in points 1 and 2 for hydraulic issues and C&M Consulting Engineers response letter at **Appendix C**.
	▪ As the land subject of the application is affected by a 100 year ARI flood and due to the nature of the proposed development, it should be ensured that the necessary flood proofing works are considered in accordance with Appendix C (Flood Proofing Requirements) of Volume 2 of Campbelltown (Sustainable City) Development Control Plan 2009. This should consider all aspects of electrical and telecommunication supply and distribution within the site to ensure that flooding does not affect these or other critical infrastructure.	The site is not affected by mainstream flooding. The site is subject to local overland flows. The requirements outlined under this issue are standard engineering practices and will be employed with the construction and operation of the development.
	▪ The application proposes the use of 'EnviroPods' (i.e. baskets placed in kerb inlet pits) to capture trash , debris, and other pollutants from runoff. Council's experience with 'EnviroPods' is that this type of device is maintenance intensive and disruptive to traffic due to the dispersed nature of the installation,	Enviropods are an integral part of the proposed treatment train in order to meet Council's water quality reduction targets.

	Issues Raised	Proponent's Response
	and it may be more cost effective to install an 'end of line' device (i.e. GPT). However, as the system will be managed by the hospital, this is a matter raised for further consideration.	
	▪ The proposal should not rely on rainwater tanks for either water quality or water quantity control.	Noted.
Sydney Water	**Requirement for a Section 73 Certificate** ▪ Sydney Water will assess the impact of the development when the proponent applies for a Section 73 Certificate. This assessment will enable Sydney Water to specify any works required as a result of the development and to assess if amplification and/or changes to the system are applicable. The proponent must fund any adjustments needed to Sydney Water infrastructure as a result of any development. ▪ The proponent should engage a Water Servicing Coordinator to get a Section 73 Certificate and manage the servicing aspects of the development. The Water Servicing Coordinator will ensure submitted infrastructure designs are sized & configured according to the Water Supply Code of Australia (Sydney Water Edition WSA 03-2002) and the Sewerage Code of Australia (Sydney Water Edition WSA 02-2002).	Noted. Revised Mitigation Measures at Section 3.0 of this report includes Sydney Water's comments.
	Building Plan Approval The approved plans must be submitted to a Sydney Water Quick Check agent to determine whether the development will affect any Sydney Water sewer or water main, stormwater drains and/or easement, and if further requirements need to be met. Plans will be appropriately stamped.	Please see above comments.

	Issues Raised	Proponent's Response
New South Wales Rural Fire Service	▪ At the commencement of building works and in perpetuity, asset protection zones (APZ) are to be provided as detailed in Table 1: Threat assessment, APZ and category of bushfire attack as outlined in the Bushfire Protection Assessment by Eco Logical Australia Pty Ltd dated 25 January 2012.	NSW Rural Fire Service comments are noted and the revised Mitigation Measures within Section 3.0 of this Response to Submissions Report has included the comments for compliance
	▪ Water, electricity and gas are to comply with section 4.1.3 of *Planning for Bush Fire Protection 2006*.	Noted. See comments above
	▪ New construction shall comply with section 5 (BAL 12.5) Australian Standard AS3959–2009 Construction of buildings in bush fire–prone areas and section A3.7 Addendum Appendix 3 of *Planning for Bush Fire Protection 2006*.	Noted. See comments above.
	▪ Arrangements for emergency and evacuation are to comply with section 4.2.7 of *Planning for Bush Fire Protection 2006*.	Noted. See comments above.
	▪ Landscaping to the site is to comply with the principles of Appendix 5 of *Planning for Bush Fire Protection 2006*.	Noted. See comments above.

	Issues Raised	Proponent's Response
Roads and Maritime Services	▪ The Sydney Regional Development Advisory Committee (SRDAC) discussed the proposed development at its meeting held on 26 April 2012 and provides the following comments: 1. RMS has granted an "In principal" approval to the establishment of temporary construction access off Appin Road with a number of requirements set (copy of letter is attached). RMS was informed that the proposed temporary construction access will be only used for approximately 11 months and will be closed off upon completion of the works for stage 1 of the development. ▪ In this regard, clarification is required to confirm the exact duration and planned use of the temporary construction access off Appin Road.	Noted. This is not relevant to the proposed DA and is related to the REF for the temporary access off Appin Road. The execution of a WAD is currently underway with the RMS and HI.
	▪ It is noted that the proposed development application is only for stage 1 development of Campbelltown Hospital. The transport requirements, including public transport, and car parking heed to be understood in the context of the broader campus. With this in mind, a master plan should be developed to address the overall longer term development of Campbelltown Hospital including identification of the likely future transport infrastructure and service upgrades to support it.	Noted. Appropriate transport and access strategies will be considered as part of it's the Hospital's future redevelopment stages.
	▪ The feasibility and possible implementation of a shuttle bus service from the train station and or town centre would be strongly supported. It is also recommended that the proponent consult with Transport for NSW to determine if additional bus services and facilities are required to facilitate mode shift to public transport.	Noted. These measures have been included as part of the Transport Management Strategy and will be implemented by HI once Stage 1 of the redevelopment is completed.

	Issues Raised	Proponent's Response
	2. It should be noted that an area of land along the Appin Road frontage coloured grey on the attached plan has previously been dedicated as Public Road via government gazette. An area of land at the corner of Appin Road and Therry Road has been dedicated as public road by private subdivision (DP 259421), as shown by yellow colour on the attached plan. Land with frontage to the northern corner of the proposed development site is Controlled Access Road (off Narellan Road), as shown by orange hatch on the attached plan.	Noted.
	The layout of the proposed car parking areas associated with the subject development (including, driveways, grades, turn paths, sight distance requirements, aisle widths, aisle lengths, and parking bay dimensions) should be in accordance with AS 2890.1– 2004 and AS 2890.2 – 2002 for heavy vehicle usage.	Noted.
	The swept path of the longest vehicle (including garbage trucks) entering and exiting the subject site, as well as manoeuvrability through the site, shall be in accordance with AUSTROADS.	Noted.
	A Construction Traffic Management Plan detailing construction vehicle routes, number of trucks, hours of operation, access arrangements and traffic control should be submitted to RMS and Council for approval prior to the issue of a construction certificate.	Noted. Note - RMS and Council have previously provided support and approval as relevant to the temporary Appin Road access road. Its construction is contingent upon RMS' WAD which has been agreed between HI and the RMS.
	The developer shall be responsible for all public utility adjustments/relocation works, necessitated by the above work and as required by the various public utility authorities and/or their agents.	Noted.

	Issues Raised	Proponent's Response
	Car parking provision to Council's satisfaction.	Noted.
Roads and Maritime Services	Disabled car parking spaces are to be provided in accordance with Council's requirement and are to conform to Australian Standard 2890.6:2009.	Noted.
	All new pedestrian accesses are to comply with AS 1428.1:2001 Design for Access and Mobility.	Noted.
	3. Provision for building maintenance vehicles and removalists need to be provided on−site.	Noted.
	4. All vehicles are to enter and leave the site in a forward direction.	Noted.
	5. The proposed development will generate additional pedestrian movements in the area. Consideration should be given to ensuring pedestrian safety and connectivity is maintained within and outside the pedestrian network of the hospital	Noted.
	6. The proposed turning areas are to be kept clear of any obstacles, including parked cars, at all times.	Noted.
	7. All traffic control during construction must be carried out by accredited RMS approved traffic controllers.	Noted.
	8. All works/regulatory signposting associated with the proposed development are to be at no cost to RMS.	Noted.
	9. There is no objection to the proposed development in principle, but could not assess the proposed new carpark and access road along the common boundary.	Noted. It should be noted that the car parking was approved via a REF approval and does not form part of the proposal.

	Issues Raised	Proponent's Response
	10. There is no objection to the proposed development in principle, but could not assess the proposed new carpark and access road along the common boundary.	Noted – however this is not part of the proposal. Previously approved under a REF approval.
Tim McLeod (IRT)	There is no objection to the proposed development in principle, but could not assess the proposed new carpark and access road along the common boundary.	Noted – however this is not part of this proposal. The car park was previously approved under a separate approval. HI has consulted with nearby residents on the redevelopment of the Hospital and will continue to liaise with residents throughout the development and construction process.
	The main concerns are: ▪ common boundary treatment and screening; ▪ visual privacy/amenity; and ▪ proposed carpark, and access road finished site levels.	Noted - not part of the Stage 1 proposal. This was previously approved under separate approval. HI has consulted with nearby residents on the redevelopment of the Hospital and will continue to liaise with residents throughout the development and construction process.
	Strongly object to any more developments in this Health Precinct until the car parking problem in Park Central has been satisfactorily addressed.	Noted. TTW has provided a report to the response to submissions (at **Appendix C**). The report indicates that the precinct around Parkside Crescent (east side) is mainly associated with hospital activities. The proposal provides an appropriate amount of on-site parking for its current and future parking demand which has been planned for minimum impact on Parkside Crescent. Further discussion is provided at **Appendix C** within TTW response to submission report.
Maureen Bryant (Resident of 34 Parkside Crescent, Campbelltown)	Past developments of this precinct have ignored the availability of parking for residents, with parking diminishing over time.	The Hospital redevelopment plan provides appropriate level of parking for the current and future demand of parking, providing minimal impact to Parkside Crescent. Please refer to TTW report at **Appendix C** for more detail.