



ENVIRONMENTAL IMPACT STATEMENT

Expansion of the existing Wollongong Private Hospital.

15, 17, 19, 21 and 23 Urunga Parade & 360-364, 366 and 368 Crown Street,
WOLLONGONG 2500 NSW.

Prepared for: *AA Crown Holdings Pty Ltd*

REF: M240226

DATE: 7 April 2026




ENVIRONMENTAL IMPACT STATEMENT

State Significant Development SSD-84096206



Prepared for: AA Crown Holdings Pty Ltd

REF. M240226

25 March 2026





Signed Declaration	
Project details	
Project name	Wollongong Private Hospital Redevelopment
Application number	SSD-84096206
Address if the land in respect of which the development application is made	15, 17, 19, 21 and 23 Urunga Parade & 360-364, 366 and 368 Crown Street, Wollongong 2500 NSW (Lot D in DP402234, SP73256, Lot A and B in DP343680, Lot 9, 46 and 47 in Section 1 in DP 5507 and Lot 2 in DP121956)
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Organisation registered with	Planning Institute of Australia
Declaration	
The undersigned declares that this EIS:	
<ul style="list-style-type: none">• has been prepared in accordance with the Environmental Planning and Assessment Regulation 2021;• contains all available information relevant to the environmental assessment of the development to which the EIS relates;• does not contain information that is false or misleading;• contains the information required under the <i>Registered Environmental Assessment Practitioner Guidelines</i>;• addresses the Planning Secretary's Environmental Assessment Requirements (SEARs) for the Project;• identifies and addresses the relevant statutory requirements for the Project, including any relevant matters for consideration in environmental planning instruments;• has been prepared having regard to the Department's <i>State Significant Development Guidelines – Preparing an Environmental Impact Statement</i>;• contains a simple and easy to understand summary of the Project as a whole, having regard to the economic, environmental and social impacts of the Project and the principles of ecologically sustainable development;• contains a consolidated description of the Project in a single chapter of the EIS;• contains an accurate summary of the findings of any community engagement; and• contains an accurate summary of the detailed technical assessment of the impacts of the Project as a whole.	
	
BTP (Hons) UNSW Registered Planner PLUS (EIA)	
Date	25 March 2026





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Executive Summary

This Environmental Impact Statement (EIS) has been prepared by Planning Ingenuity for AA Crown Holdings Pty Ltd (the Proponent), in support of State Significant Development (SSD) 84096206 for the expansion of the existing Wollongong Private Hospital at Nos. 15, 17, 19, 21, and 23 Urunga Parade & 360-364, 366 and 368 Crown Street, Wollongong (the Site).

The site is located within the City of Wollongong Local Government Area (LGA). The site is zoned SP1: Special Activities – Hospital, pursuant to *Wollongong Local Environmental Plan 2009* (WLEP 2009). Use of part of the site for a hospital has been previously established and therefore the proposed expansion of the Wollongong Private Hospital would increase the operational capacity of the existing health care facility and would continue to provide health services facilities for not only the local community but the wider community in accordance with the objectives of the zone.

The proposed development is identified as a State Significant Development pursuant to Schedule 1, Clause 14 of *State Environmental Planning Policy (Planning Systems) 2021* (Planning Systems SEPP), being development for a hospital with an estimated development cost (EDC) of more than \$30 million and for which environmental assessment requirements were issued after 31 May 2023. The proposed development has an EDC of \$127,958,872 excluding GST and therefore satisfies Clause 14.

This EIS assesses the proposed development against all relevant strategic and statutory considerations, detailing the proposals compliance against the applicable environmental planning instruments including:

- *State Environmental Planning Policy (Planning Systems) 2021*
- *State Environmental Planning Policy (Transport and Infrastructure) 2021*
- *State Environmental Planning Policy (Resilience and Hazards) 2021*
- *State Environmental Planning Policy (Biodiversity and Conservation) 2021*
- *State Environmental Planning Policy (Sustainable Buildings) 2022*
- *Wollongong Local Environmental Plan 2009*

This EIS should be read in conjunction with the Secretary's Environmental Assessment Requirements (SEARs) issued on 10 November 2025 (Appendix 1) and the supporting technical documents. The EIS is divided into eight sections and the remaining sections include an introduction, a strategic planning context, a project description, a statutory planning assessment, an outline of engagement measures, an environmental planning assessment, project justification and a conclusion.

SSD-84096206 seeks consent for lot consolidation, demolition of five existing dwellings, excavation, construction of a new twelve (12) storey western wing to the existing hospital, extension of the existing basement levels and an additional three (3) basement levels for parking and a new radiation oncology, and retention of two existing buildings, including the existing heritage item on the site, to be leased to the Illawarra Aboriginal Medical Service (IAMS) for medical uses.

The proposed development is illustrated in the Architectural Plans prepared by CM+ and HPI at Appendix 8 and is described in detail under Section 3 of this EIS.

The site is located in an important strategic location within the Wollongong Health Precinct and Wollongong City Centre. The site is highly accessible due to its location on Crown Street, also known as the Princes Highway, and its position less than 1km (walking distance) to Wollongong Railway Station. Importantly, as outlined in the *Wollongong Health Precinct Strategy*, the Wollongong Health Precinct, will require significant expansion to accommodate Wollongong's growing population and status as a key regional centre. The proposal seeks to address this need to meet the increasing



demand on health infrastructure, most critical in regional areas. The proposal will provide additional operational capacity for the existing Wollongong Private Hospital to provide both general and specialised health services in one accessible location, improving the efficiency of the delivery of health services and support to the community. The project will also provide for key economic benefits with an estimated capital investment of \$127,958,872 excluding GST. It is likely to generate approximately 275-320 direct full-time jobs including both hospital jobs, and jobs supported by the medical suites/tenancies and the medi-hotel. Furthermore, the proposal will offer a significant amount of support and service to the local Indigenous community throughout the provision of directly accessible health care facilities on the site, surrounded by an architectural and landscape design that tells a story of connection to country.

The EIS and supporting documents and reports have been prepared in accordance with the State Significant Development Guidelines and related to guidelines by the DPHI in March 2024 as well as in accordance with all relevant legislation and regulations as set out in Section 4.

This EIS demonstrates the proposal aligns with the strategic planning context for the site with regard to the Illawarra Shoalhaven Regional Plan 2041, the Wollongong Local Strategic Planning Statement 2020 and the Shaping the Wollongong Health Precinct Strategy 2023, in that it seeks to increase the provision of health services within a consolidated site, improving the offer of services in terms of efficiency, availability and accessibility.

This EIS provides an assessment of the environmental impacts of the proposed mixed use development in accordance with the SEARs. The EIS sets out the proposed measures to appropriately manage and mitigate potential impacts identified arising from the proposed development.

In accordance with the SEARs, pre-lodgement consultation was undertaken with key public authorities including the Department of Planning, Industry & Environment (DPIE) and Wollongong Council, as well as with the local community and others.

The engagement process to date is detailed in the Engagement Report prepared by SLR (Appendix 36). The Engagement Report and technical reports that accompany the application address key issues raised during the engagement process to date.

This EIS provides a detailed justification for the project at Section 7. In summary, the proposal will provide for a high quality expansion to the existing private hospital to increase operational capacity of the hospital and improve the provision and variety of health services, in a location which has been marked for the same. The proposal seeks to make a contribution to addressing the demand for health services in the locality, in particular to support an ageing population, within a highly accessible location and multiple transport options.

The proposal has been carefully designed to adopt an architectural style and appearance that responds to the context of the site and locality, whilst also exhibiting specific architectural elements and features to achieve design excellence.

The proposal will deliver a vibrant medical development on a site located within the Wollongong Health Precinct which will positively contribute to the emerging and desired future character of the precinct. The site is currently underutilised with regard to the applicable zoning and the demand for additional health services and support for the locality.

This EIS demonstrates that the proposal satisfies the relevant planning considerations including those applicable strategic plans and statutory requirements. The EIS demonstrates the environmental impacts of the development have been appropriately assessed and adequate mitigation measures can be implemented. As such, the proposed development at No. 15, 17, 19, 21, and 23 Urunga Parade & 360-364, 366 and 368 Crown Street, Wollongong is worthy of approval, subject to appropriate conditions of consent.



1. Introduction

1.1 APPLICANT DETAILS

The applicant details of the proposed development are provided below:

Table 1 Applicant Details	
Name	AA Crown Holdings Pty Ltd
ACN	122 563 133
Address	Suite 8, 65-67 Burelli Street, Wollongong
Primary Contact	Marcelo Remirez
Contact Details	0423 655 200

1.2 SITE DESCRIPTION

The site comprises of eight different allotments as described in **Table 2** below and has the street address of Nos. 15, 17, 19, 21, and 23 Urunga Parade & 360-364, 366 and 368 Crown Street, Wollongong. The subject site has a total area of 9,399m². The site contains a 121.89m frontage to Urunga Parade and a 104.055m frontage to Crown Street. The site also contains a 78.225m eastern boundary to Lot 545 in DP 1188204 and a combined western boundary of 99.235m to Lots 10 and 45 in Section 1 DP 5507.

Table 2 Lot and DP	
Street Address	Legal Address
15 Urunga Parade	Lot D in DP 402234
17 Urunga Parade	SP 73256
19 Urunga Parade	Lot A in DP 343680
21 Urunga Parade	Lot 47 Section 1 in DP 5507
23 Urunga Parade	Lot 46 Section 1 in DP 5507
360-364 Crown Street (existing Wollongong Private Hospital)	Lot 1 in DP 1212956 Lot 2 in DP 1212956
366 Crown Street	Lot B in DP 343680
368 Crown Street	Lot 9 in Section 1 in DP 5507

The subject site is located within the Wollongong Health Precinct of which a new placed based strategy is expected to be released in 2026.

Existing on the site is the Wollongong Private Hospital operated by Ramsay Health Care at No. 360-364 Crown Street (comprising 4,986m² of the total site area). The existing hospital contains eight (8) levels utilised for a range of health services offered by the hospital above three (3) basement parking levels. Existing areas of the hospital include day surgery, cath labs, oncology, in-patient units, medical suites, radiology, pharmacy, café and administration/back of house.



The additional allotments which will make up the development site contain a variety of single and two storey brick and rendered dwelling houses with ancillary sheds and garages. All existing dwellings are afforded access from either Crown Street or Urunga Parade via concrete driveways. Notably, the dwellings at No. 366 and 368 Crown Street are currently utilised as health consulting rooms and have been for some time. The dwelling at No. 366 is also a heritage listed building.

The site has a fall of approximately 5m from the north western corner to the south east.

There are a total of eleven (11) trees existing on the subject site.

An aerial image of the subject site is provided at **Figure 1** below.



Figure 1 Aerial Image of the Site (NearMaps 2025).

The site is located within the Wollongong health precinct which currently contains a range of health services and facilities including Wollongong Public Hospital, Wollongong Day Surgery and other specialist health services premises, particularly along Urunga Parade. The nature of development within the immediate locality is reflective of the SP1 zoning of the subject site and land to the east, as well as the residential zoning of surrounding land. Due to the nature of the zoning, the character of development varies considerably between the medical precinct land uses of the SP1 Special Activities ('Hospital') zone and the low density dwellings of the R2 Low Density Residential zone.

Specifically, the land uses within the immediate locality are as follows:

- To the north, land is zoned R1 General Residential and R2 Low Density Residential consisting of the Wollongong Hospital carpark and low density residential dwellings of varying architectural styles.
- To the south, land is zoned SP1 Hospital comprising of various commercial and retail uses and the Caltex Service Station.
- To the east, land is zoned SP1 Hospital and consists of the Wollongong Day Surgery and Wollongong Public Hospital.
- To the west, land is zoned SP1 Hospital and consists of low density residential housing.

The site is highly accessible, being located within close proximity to various bus stops along Crown Street and is 1km walking distance from the Wollongong Railway Station.



1.3 PROPOSAL

This application seeks consent for lot consolidation, demolition of five dwellings, excavation, construction of a new twelve (12) storey western wing to the existing hospital, extension of the existing basement levels and an additional three (3) basement levels for parking and a new radiation oncology, and retention of two existing buildings, including the existing heritage item on the site, to be leased to the Illawarra Aboriginal Medical Service (IAMS) for medical use.

The extension will consist of a new emergency department, satellite imaging, radiation oncology, additional patient units, expanded intensive care unit, operating theatres, recovery and central sterile supply department, meeting-conference spaces, tenancies with waiting rooms and amenities, offices and administration areas, plant and servicing areas. Furthermore, the proposal will provide medical accommodation at the upper levels of the expansion.

The proposal will largely retain the form and internal layout of the existing hospital building including an existing radiology, pharmacy, café, kitchen and store, day surgery, oncology, in-patient units, cath lab, tenancies, administration and plant room.

The proposal will also provide new vehicular access from Urunga Parade with one entry lane and two exit lanes off each street. Existing access from Crown Street will be maintained and lead to the ground level consisting of an ambulance bay, doctors parking and a public emergency drop off area exclusively for the Emergency Department only near the main entry lobby, which is to be retained as existing. The access from Urunga Parade will lead to the basement parking levels with drop off area for hospital patients and visitors and doctors parking and loading dock with turntable.

The proposal will also provide considerable landscaping cross the site and provide opportunities for public artwork.

Notably, the heritage building at No. 366 Crown Street and the existing building at No. 368 Crown Street will both be retained and existing uses as medical tenancies maintained and leased to IAMS. Specifically, the tenancy at No. 366 will be utilised as a birthing centre for expecting mothers of the Indigenous community whilst the tenancy at No. 368 will be utilised as a general medical centre for the Indigenous community, whereby both tenancies will refer patients to the hospital where necessary. No changes are proposed to the existing buildings, however, landscaping and parking design will be enhanced which will improve upon the existing arrangements and ensure the sites are well-integrated with the hospital development. Notably, the proposed landscape design will tell a story of connection to country mimicking a flowing river, with native vegetation connecting these dwellings to the larger hospital building.

The proposal constitutes SSD pursuant to Schedule 1, Clause 14 of the Planning Systems SEPP which is reproduced below:

14 Hospitals, medical centres and health research facilities

Development that has a capital investment value of more than \$30 million for any of the following purposes:

(a) Hospitals,

(b) Medical centres,

(c) Health, medical or related research facilities (which may also be associated with the facilities or research activities of a NSW local health district board, a University or an independent medical research institute).

In accordance with Clause 14(a), since the proposal is for a hospital with an EDC of \$127,958,872 excluding GST, the development constitutes SSD.

1.4 OBJECTIVES OF THE DEVELOPMENT

The aims and objectives of the proposed development includes the following:

1. To improve the efficiency and capacity of the existing Wollongong Private Hospital to meet the healthcare needs of the Wollongong LGA and the Greater-Illawarra Region.
2. To continue to provide high quality healthcare in a state-of-the-art environment.
3. To appropriately respond to the current and projected growth of Wollongong LGA and Greater-Illawarra Region through the increase in health care services.
4. To deliver an appropriate land use at an acceptable density with regard to the site's context, including its ideal location for consolidated health services.
5. To provide for a development on the site without any adverse impacts on the amenity of the community, in particular surrounding properties.

1.5 PLANNING AND LEGISLATIVE FRAMEWORK

This EIS has considered all relevant Commonwealth, State and local statutory and strategic planning provisions that apply to the subject site. The proposed development has been designed to respond to current planning controls applicable to the subject site as well as responding to the role and opportunity of the site within the context of the Wollongong Health Precinct. The proposal is considered to be satisfactory in terms of the legislative framework, on the basis that:

- The proposal is permitted with consent in the SP1 Hospital zone as set out in WLEP 2009,
- The relevant objectives of the zone have been considered and are satisfied;
- All relevant provisions of State Environmental Planning Policies and WLEP 2009 have been given due consideration and the proposal is compliant with the exception to Building Height and Floor Space Ratio which has been justified through well-founded Clause 4.6 Variation Statements; and
- Relevant strategic planning policies that apply to the site as well as draft provisions have been identified and the proposal has strategic merit being a land use highly compatible with the context of the Wollongong Health Precinct.

1.6 PUBLIC NOTIFICATION AND CONSULTATION

The following stakeholders have been consulted during the preparation of the application via correspondence and meetings:

- Wollongong City Council;
- Department of Planning, Industry and Environment;
- NSW Environment Protection Authority;
- NSW Health;
- NSW Environment and Heritage;
- Illawarra Shoalhaven Local Health District Board and CEO;
- Aviation Stakeholders;
- Endeavour Energy;
- Transport for NSW;
- Sydney Water;
- Property Council;
- WaterNSW;
- Business Illawarra;

- Jemena;
- Local Aboriginal Land Council;
- Traditional Owners;
- Illawarra Aboriginal Medical Services (IAMS); and
- Surrounding local landowners and stakeholders.

The issues identified from consultation are listed and addressed in the Engagement Report supporting this EIS and discussed in Section 5.

1.7 ENVIRONMENTAL IMPACT ASSESSMENT

An assessment of the environmental impact has been undertaken against the relevant planning controls and policies. The assessment is informed by specialist investigations, reports, plans and recommendations which collectively demonstrate the proposed development is suited to the site and its context, complies with the relevant controls (with the exception to height and floor space ratio building standards) and that appropriate mitigation and management measures can be implemented to minimise identified risks and potential negative impacts. The EIS also identifies the potential positive impacts of the proposal including new employment opportunities, ongoing investment and contributions to the local and regional economy, new services available in the locality and improvements to health infrastructure.

1.8 JUSTIFICATION FOR PROPOSED DEVELOPMENT

The proposed Wollongong Private Hospital expansion is entirely suited to the site and aligns with strategic vision for the precinct and the wider region, as communicated in the *Wollongong Health Precinct Strategy*.

The development is essential in meeting the demand due to forecasted population growth in the region. Wollongong Private Hospital has a vital role in supporting Wollongong Public Hospital and providing a variety of health services and facilities to support the diverse medical needs of the community. The proposal will increase the capacity of the existing hospital, enhancing the diversity, accessibility and availability of health services within a site that is well-established for a health services facility.

The Wollongong Private Hospital upgrade will:

- Provide for a larger and better equipped private hospital with a range of additions including an operating and ICU theatre expansion, underground radiation and oncology, additional tenancies and a sky garden;
- Provide better support to the existing public hospital, and overall make a more prominent contribution to the nominated health precinct;
- Improve the utilisation and capacity of a site that already contains a hospital;
- Establish a connection with country, liaising with Illawarra Aboriginal Medical Services to provide health services directly to Aboriginal and Torres Strait Islander peoples in the community;
- Create a higher reliability on passive transport as accommodate by end of trip facilities;
- Operate in a manner which does not have any adverse impacts on adjacent neighbouring land uses, particularly residential development to the west;
- Contribute to employment targets in the Illawarra Shoalhaven Regional Plan;
- Generate approximately 275-320 direct FTE workers including hospital workers and commercial tenants; and
- Generate a direct industry value added of \$40.3 million per annum during operation.

The site will facilitate the orderly and economic use and development of the land.

It has been demonstrated that the likely impacts are either positive, neutral or, if negative, can be appropriately managed and mitigated.

The Proposal is consistent with adopted and draft State and local strategic planning policies.

The Proposal satisfies the applicable local and State statutory planning controls with the exception exceedances to the building height and FSR development standards, both of which are already exceeded by the existing hospital on the site. This EIS demonstrates the proposed height and FSR variations are within the scope of Clause 4.6 Exceptions to Development Standards of WLEP 2009 and warrant an appropriate degree of flexibility in the application of the height standard on the backdrop of the strategic significance of this site in the expansion of the Wollongong Health Precinct.

The design responds to the opportunities and constraints of the site and its setting. The proposal seeks to maintain the existing heritage building on the site and reuse it to enhance the hospital expansion and diversity of health services offered on the site. Vehicle trips generated by the proposed use will have an acceptable impact on the immediate road network consisting of Urunga Parade, Crown Street and the Princes Highway. The landscaped setting will be improved and enhanced on site with canopy tree planting proposed within setback areas and within the rooftop sky garden. The construction and operation can be managed to protect the amenity and function of neighbouring and nearby land uses. Staff employed at the site have a multitude of opportunities to use a variety of transport modes, including public transport, with the site being within 850m walking distance of the Wollongong Railway Station, and a number of bus stops that are served by several high frequency bus services along Crown Street.

It is considered the SSD Application has significant merit and justification and should be approved subject to the implementation of the mitigation measures described in the EIS and supporting documentation.

1.9 SUPPORTING DOCUMENTS

The SSD is supported by a number of plans and documents which have been prepared by the relevant professional consultants to address the SEARs. The supporting documents are listed in **Table 3**, along with the relevant consultant who prepared the document and the appendix where it can be found.

Table 3 Supporting Documents		
Plan/Report	Consultant	Appendix
SEARs	DPHI	1
SEARs Compliance Table	Planning Ingenuity	2
Statutory Compliance Table	Planning Ingenuity	3
Mitigations Table	Planning Ingenuity	4
Clause 4.6 Building Height	Planning Ingenuity	5
Clause 4.6 FSR	Planning Ingenuity	6
EDC Report	Genius Advisory	7
Architectural Plans	CM+ and HPI	8
Design Report	CM+ and HPI	9
Survey Plan	LTS	10
BCA Report	Jensen Hughes	11
Accessibility Review Report	ABE Consulting	12
Wind Impact Assessment	VIPAC	13

Table 3 Supporting Documents

Visual Impact Assessment	Hatch	14
CPTED Report	CM+	15
Arboricultural Impact Assessment	Our Garden Path	16
Landscape Plan	Site Design+ Studios	17
ESD Report	Stantec	18
Embodied Emissions Materials Form	Stantec	19
Net Zero Statement	Henry and Hymas	20
Transport Impact Assessment	TTPP	21
SIDRA Modelling	TTPP	21b
Construction Traffic Management Plan	TTPP	22
Green Travel Plan	TTPP	23
BDAR Waiver	DCCEEW	24
Noise and Vibration Impact Assessment	Stantec	25
Geotechnical Assessment	Douglas Partners	26
Hydrogeological Investigation	Douglas Partners	27
Integrated Water Management Plan	Henry and Hymas	28
Civil Drawings	Henry and Hymas	28b
Preliminary Site Investigation	Douglas Partners	29
Waste Management Plan	MRA Consulting Group	30
Aboriginal Cultural Heritage Assessment Report	Artefact	31
Statement of Heritage Impact	Weir Phillips Heritage	32
Social Impact Assessment	SLR	33
Infrastructure Requirements and Utilities Plan	DSA Consulting	34
Aeronautical Study	AVlaw	35
Engagement Report	SLR	36
Economic Impact Assessment	Marcoplan	37
Fire Safety Strategy	Performance Based Consulting	38
Purchase Offer to 370 Crown Street, Wollongong	-	39
SDRP Comments	SDRP	40
Social Infrastructure Needs Assessment	Marcoplan	41

2. Strategic Context and Site Analysis

2.1 OVERVIEW

The relevant strategic planning policies which apply to the proposed development include the following:

- NSW State Priorities;
- NSW Future Health Plan;
- NSW Health 20-Year Health Infrastructure Strategy;
- Illawarra Shoalhaven Regional Plan 2041;
- Illawarra-Shoalhaven Regional Transport Plan;
- Illawarra-Shoalhaven Local Health District Strategic Delivery Plan 2023-2028;
- Illawarra Shoalhaven Regional Transport Plan;
- Crime Prevention Through Environmental Design (CPTED) Principles;
- Better Places: An integrated design policy for the built environment of New South Wales (Government Architect NSW, 2017);
- Healthy Urban Development Checklist (NSW Health, 2009);
- Greener Places Strategy;
- Wollongong Local Strategic Planning Statement 2025; and
- Wollongong Health Precinct Strategy.

2.1.1 NSW State Priorities

The *NSW State Priorities* are the NSW Government's policy priorities which include aims to deliver a state with a strong economy; the highest quality education; well-connected communities with quality local environments; putting the customer at the centre; and breaking the cycle of disadvantage.

SSD-84096206 is consistent with the NSW State Priorities in that it will deliver important and significant upgrades and improvements to the existing Wollongong Private Hospital. The existing Wollongong Private Hospital is located within a highly accessible location, within close proximity to public transport options, services and facilities. The proposed development seeks to provide a significant expansion to the existing Wollongong Private Hospital which will include a new emergency department, radiology, operating rooms and other medical services that will increase the availability, diversity and accessibility of the health service offering on the site. This is a highly necessary development that is entirely consistent with the zoning of the land and the context of the precinct, which will support the growing population of the Wollongong and Illawarra region.

2.1.2 NSW Future Health Plan

The NSW Future Health Plan is a 10 year strategic plan (2022-2032) to guide the future of healthcare and services in NSW. The plan is conveyed across a number of key documents including the Future Health Report dated May 2022 prepared by NSW Health. The report sets the scene and identifies the current climate and the challenges that the health system faces with regard to changing patient needs and growth in the volume and complexity of care required. Indeed, the report identifies that by 2061, it is projected that there will be 11.5 million people living in NSW, which is 3.3 million more than in 2020. Based on these projections, NSW Health advises that activity within the health system will nearly double by 2031 as a result of:

- Rising demand at a rate beyond that attributed to population growth;
- Changing demographics with the population of over 65s accounting for 45% of health activity; and



- Growing complexity of chronic conditions.

The below figure from the Future Health Report shows the projected activity in the health system by 2032; an increase of 70%.

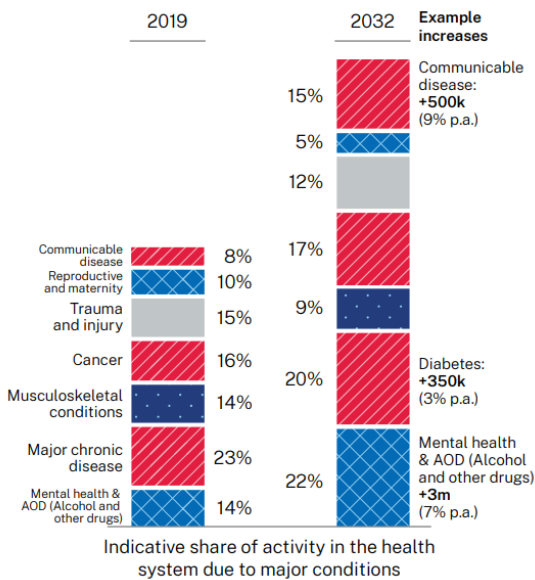


Figure 2 Projected Scale of Activity Increase in NSW Health through to 2032 (Source: Future Health Report, NSW Health).

Overall, the NSW Future Health Plan makes evident the increasing demand for health services based on the growing population; a demand in which SSD-84096206 directly responds to through the expansion of healthcare floor space within a site already established for such.

2.1.3 NSW Health 20-Year Health Infrastructure Strategy

The NSW Health 20-Year Health Infrastructure Strategy has been prepared to inform future planning for infrastructure investment for our health districts, networks and services. Alongside key stakeholders, the NSW Ministry of Health has worked to develop the strategy to understand the new and existing opportunities to deliver a sustainable, quality health system that is patient focused.

The strategy emphasises the vital role that built infrastructure plays in delivering health services to ensure they are fit-for-purpose to improve health outcomes across NSW. Importantly, the strategy states that future investment decisions will have an increased focus on maintaining existing assets and making better these assets to support the growing and changing needs of the health system.

SSD-84096206 directly aligns with this strategy in that it seeks to maintain and enhance existing and well-established health infrastructure to allow for a greater range of services, increased capacity for support and offer a comprehensive and integrated service system within the Wollongong Health Precinct.

2.1.4 Illawarra Shoalhaven Regional Plan 2041

The *Illawarra Shoalhaven Regional Plan 2041* sets out a 40-year vision and establishes a 20-year plan to manage growth and change for the Illawarra Shoalhaven Region in the context of social, economic and environmental considerations. The Regional Plan informs district and local plans, the assessment of planning projects and assists infrastructure agencies to plan and deliver for growth and change.





Figure 3 provides a map extract from the Regional Plan which identifies the health precinct, including both the Wollongong Public and Private Hospitals, and how they sit within that precinct with regard to public transport and the CBD.

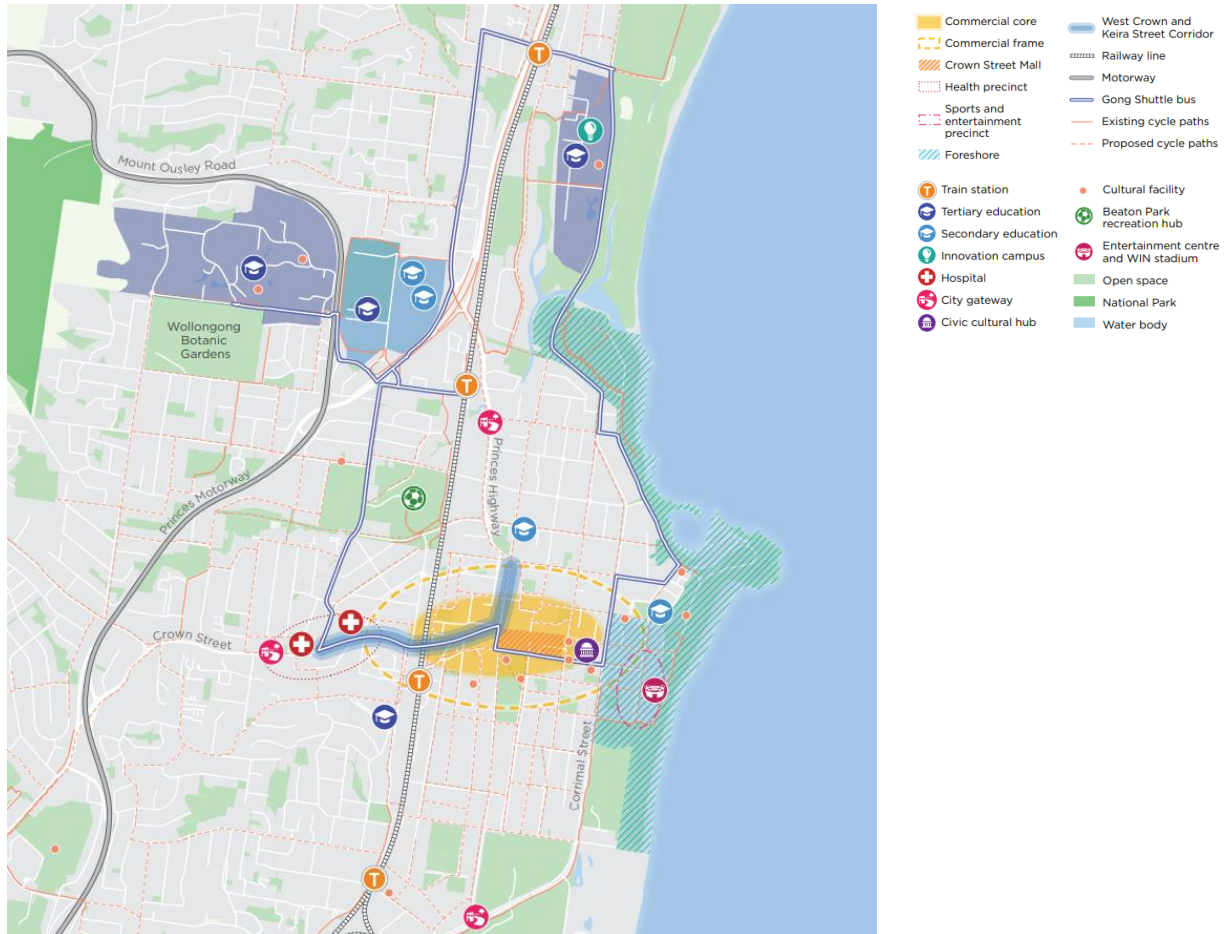


Figure 3 Map of Metro Wollongong (Illawarra Shoalhaven Regional Plan 2041).

The proposed development is consistent with the Region Plan, particularly with regard to the following overarching objective:

Objective 1: Strengthen Metro Wollongong as a connected, innovative and progressive City

To achieve the above objective, the plan identifies a need to enhance the growth potential of the health precinct, identifying the Wollongong Public and Private Hospitals as the anchors to the precinct. The plan emphasises the need to transform the precinct from a collection of health and medical related uses into a nationally significant health precinct. The proposal aligns directly with this aim through the proposed expansion and capacity increase of the private hospital to better support the prosperity of the city and attract private sector investment and business. Importantly, the site has already been established for a hospital use, and the proposed expansion seeks to capitalise on this and respond to the clear strategic vision to expand the health services provided within the precinct. The proposed expansion represents a high quality, innovative development opportunity to provide state of the art medical services and facilities which can support cutting-edge medical treatments that are at the forefront of healthcare. It is this type of development which can assist with transforming the health precinct into one that is of national significance.



Furthermore, and as noted by the Regional Plan, 17% of employment in the Illawarra Shoalhaven Region is within the health and medical facilities in Metro Wollongong. The proposed development will continue to support economic growth and employment within the health and medical industries specifically within Metro Wollongong to strengthen the city.

2.1.5 Future Transport Strategy 2061

Future Transport Strategy 2061 is a suite of strategies and plans that form a 40 year vision for the future of transport across the state. The focus is to make NSW the most liveable state with sustainable communities where people have both choice and opportunity. The vision is built on three outcomes; connecting customers whole lives, successful places for communities and enabling economic activity. Future Transport 2061 recognises the importance of liveable communities.

SSD-84096206 is consistent with the vision and outcomes of the strategy in that it will provide for a mixed use development within close proximity to public transport and services, allowing for a walkable and liveable community in which residents have direct access to a range of services and opportunities, employment, education, health and recreation. The proposal enables the use of public transport and allows for a highly connected lifestyle for residents and employees.

Overall, the proposed development contributes to a viable and liveable community through the integration of land use and transport infrastructure.

2.1.6 Illawarra-Shoalhaven Regional Transport Plan

The *Illawarra-Shoalhaven Regional Transport Plan* supports *Future Transport 2061*, to provide a blueprint for how Transport for NSW will respond to the transport needs of the region. The plan aims to encourage sustainable transport options and patronage by ensuring that adequate infrastructure and services are provided to increase the number of trips made by walking, cycling or public transport. The proposed development aligns with the objectives of the Illawarra-Shoalhaven Regional Transport Plan, to ensure that transportation within the region is connected, safe, liveable, adaptive and sustainable, productive and resilient. This is achieved through the increase in medical services provided in a consolidated location, within a highly accessible area being walking distance of Wollongong Railway Station and a number of bus stops that are served by several high frequency bus services along Crown Street. The proposal seeks to capitalise on the opportunity to encourage sustainable transportation patronage by providing facilities such as bicycle parking and end-of-trip facilities.

2.1.7 Illawarra-Shoalhaven Local Health District Strategic Delivery Plan 2023-2028

The Illawarra-Shoalhaven Local Health District Strategic Delivery Plan 2023-2028 sets the direction for the district's health services. The key priorities of the plan include addressing the health and development needs of Aboriginal communities, promoting sustainability through value-based healthcare, building research capability, and fostering a positive work environment to meet future care demands.

The plan identifies that a significant change for the district will be to manage the increasing demand on the health system as a result of a growing ageing population and rising prevalence of chronic disease and emphasises the importance to find ways to address the strain on existing resources to ensure timely access to care and provide comprehensive services to the diverse community.

SSD-84096206 seeks to not only relieve the strain on the existing health services within the district, which includes the existing Wollongong Private Hospital, but also seeks to directly provide for the needs of Aboriginal communities with regard to access to healthcare and support. Indeed, the Applicant has engaged with Illawarra Aboriginal Medical Services (IAMS) as part of the development of this project to understand the needs of the Aboriginal community and

how this proposal might be able to assist. Following liaison with IAMS the proposal will lease the existing buildings on the site to be retained at No. 366 and 368 Crown Street to IAMS.

Specifically, No. 366 will be utilised as a birthing centre and the tenancy at No. 368 will be utilised as a general medical centre for the Indigenous community, providing accessible healthcare for the community. The birthing centre, or mums and bubs clinic, will serve as a safe and nurturing space for mothers and their babies. Here, women will connect with the hospital before giving birth, strengthening relationships between services and ensuring they feel supported, culturally safe, and cared for throughout their journey. The clinic will ensure patients feel culturally safe and cared for throughout their pregnancy journey. The clinic will be intrinsically connected to country through the idea of the circle of life and the surrounding environment which will foster care and unity, where culture and medicine can come together, grounded in Country.

The walk in health clinic will provide accessible healthcare for the community, staffed by GPs and nurses, it will help ease the pressure on the hospital's emergency department while promoting wellbeing close to home. As above, the design of the surrounding environment will encourage a sense of healing which is embedded in the Indigenous community and supported by the proposal.

2.1.8 Crime Prevention Through Environmental Design (CPTED) Principles

Crime Prevention Through Environmental Design (CPTED) is an integral element of the design process. CPTED holistically considers the best environmental, physical and cultural elements and settings in order to manage the risk of, and opportunities for, criminal activity, thus keeping the public and occupants of the development safer. CPTED aims to present the reality or perception that the cost of committing crime is greater than a likely benefit. CPTED guidelines focus on minimising opportunistic crimes by applying design and management principles as early as possible in the design phase and identifying ongoing management practices appropriate for different types of development.

Part B of the Department of Urban Affairs and Planning's (now Department of Planning, Industry & Environment) *Crime Prevention and the Assessment of Development Applications: Guidelines* identifies four (4) Crime Prevention through Environmental Design (CPTED) principles: surveillance, access control, territorial reinforcement and space management, each of which are addressed below.

Surveillance: People feel safer in areas where they can see and interact with other people, in particular, people who are connected to that space, for example a shopkeeper or adjoining resident. Good surveillance of a space (natural, technical and formal) means that people can see what others are doing, giving the impression or providing the reality that a space is observed, therefore deterring criminals from committing a crime.

Access control: The control of access to space can be achieved through natural, technical and formal measures. Access control measures work to restrict and channel people and vehicles to move in certain directions by making it clear where people and vehicles are, and are not, permitted to go. They minimise opportunities for crime through prevention and deterrence and increase the effort required to commit a crime.

Territorial reinforcement: Ownership and identification of spaces as private or public encourages people to use and take more care of the space and behave accordingly. When people who are not committing crimes regularly use a public space this increases the risk of detection and reduces the opportunities for criminals to commit crimes. Clear transitions between public and private space provide indicators as to what activities are appropriate in each space.

Space management: When a space is well maintained it maximises community safety. Maintenance of a space includes formal supervision, control and care of the space. When the contrary is seen, for example, a place that is poorly cared for, fear of crime increases and people increasingly avoid the space, having flow on impacts with other CPTED principles such as natural surveillance and territorial reinforcement.

The proposed development has integrated CPTED principles into the overall design of the built environment and management practices of the development. A CPTED Report (Appendix 15) has been prepared to accompany this application and contains a safety audit against the CPTED principles identifying measures that are proposed and incorporated into the design of the development.

2.1.9 Better Placed

Better Placed is an integrated design policy from the Government Architect New South Wales (NSW) for the built environment of NSW. The purpose of Better Placed is to enhance the design quality of the built environment by establishing the value of good design and identifying key concepts, good processes and objectives to achieve good design outcomes.

The policy responds to key challenges and directions for NSW including health, climate resilience, rapidly growing population, changing lifestyles and demographics, infrastructure and urban renewal and providing consistent and timely review of major projects.

Better Placed identifies seven (7) objectives which are a response to the key considerations in the design of the built environment. The ways in which SSD-84096206 responds to the objectives is outlined in **Table 4**, and within the Design Report prepared by CM+ and HPI at Appendix 9.

Table 4 Better Placed Objectives and Response

Objective	Description	Response
Objective 1. Better Fit <i>contextual, local and of its place</i>	Good design in the built environment is informed by and derived from its location, context and social setting. It is place-based and relevant to and resonant with local character, heritage and communal aspirations. It also contributes to evolving and future character and setting.	The built form has been designed to an extremely high standard and taken into consideration the commentary from the State Design Review Panel. The character of the area as existing is influenced by the Wollongong Private Hospital and the broader health precinct. The proposal is entirely aligned with this character. The heritage dwelling located in the south-west corner of the site will be retained in its entirety alongside an appropriate curtilage. The proposal will provide better pedestrian and vehicular access and improve the hospitals interface with the public domain.
Objective 2. Better Performance <i>sustainable, adaptable and durable</i>	Environmental sustainability and responsiveness is essential to meet the highest performance standards for living and working. Sustainability is no longer an optional extra, but a fundamental aspect of functional, whole of life design.	The proposed development has been designed with sustainability a key driver. Reference should be made to the Environmentally Sustainable Design (ESD) report (Appendix 18) prepared by Stantec which accompanies this submission.
Objective 3. Better for Community <i>inclusive, connected and diverse</i>	The design of the built environment must seek to address growing economic and social disparity and inequity, by creating inclusive, welcoming and equitable environments. Incorporating diverse uses, housing types and economic frameworks will support engaging places and resilient communities.	The economic and social impacts of the proposed development have been well considered in Sections 6.21 and Section 6.3.2. They are also outlined in the Social Impact Assessment and Economic Impact Assessment (Appendix 33 and 37), respectively.
Objective 4. Better for People	The built environment must be designed for people with a focus on safety, comfort and the basic requirement of using public space. The many aspects of human comfort which affect	Beyond the intended land use, being a hospital to cater to the needs of the community, the built form has taken into consideration the relationship with the public domain. At ground level, along Crown Street which forms primary pedestrian access, provides a large open

Table 4 Better Placed Objectives and Response

<i>safe, comfortable and liveable</i>	the usability of a place must be addressed to support good places for people.	paved courtyard with bicycle parking and centrally located artwork. The proposed addition has been designed to the northern portion of the site to better preserve the public domain along Crown Street.
Objective 5. Better Working <i>functional, efficient and fit for purpose</i>	Having a considered, tailored response to the program or requirements of a building or place, allows for efficiency and usability with the potential to adapt to change. Buildings and spaces which work well for their proposed use will remain valuable and well-utilised.	The proposed addition has been purposefully designed for the proposed uses. The proposed building has been designed to adapt to the dynamic medical needs of the community.
Objective 6. Better Value <i>creating and adding value</i>	Good design generates ongoing value for people and communities and minimises costs over time. Creating shared value of place in the built environment raises standards and quality of life for users, as well as adding return on investment for industry.	The proposed development will add immense value to the community given the need for expansion throughout the Wollongong Health Precinct. Wollongong Private Hospital provides an essential service to the community and will add shared value. It will provide important health-based infrastructure to improve medical facilities in regional areas. Importantly, the use of the existing tenancies on the site at No. 366 and 368 add significant cultural value and meaning to the site, as it will support the Indigenous community and foster a strong relationship between culture and medicine.
Objective 7. Better Look and Feel <i>engaging, inviting and attractive</i>	The built environment should be welcoming and aesthetically pleasing, encouraging communities to use and enjoy local places. The feel of a place, and how we use and relate to our environments is dependent upon the aesthetic quality of our places, spaces and buildings. The visual environment should contribute to its surroundings and promote positive engagement.	The proposed development demonstrates strong urban design. This is demonstrated in the Design Report (Appendix 9). The façade has been designed to address both Urunga Parade and Crown Street. Appropriate landscaping and public art is proposed to improve the visual environment that surrounds the building.

SSD-84096206 exhibits good design and creates a built form that is attractive and user-friendly and will enhance the town centre for the benefit the building users, the community and locality.

2.1.10 Healthy Built Environment Checklist

The Healthy Built Environment Checklist is a tool to help assess built environment factors that impact upon people’s health. It aims to promote healthy planning through the improvement of the quality of the built environment for people, places and public spaces. The Checklist is categorised into themes and the proposed development satisfies a number of themes, as outlined in **Table 5** below.

Table 5 Healthy Built Environment Checklist Response

Theme	Response
Heathy Eating	The proposed development will include the provision of a café. This café will prioritise healthy food options. In addition to the above, the proposed development will not remove any existing healthy food offerings within the Wollongong City Centre. The Hospital will continue to provide nutritional meals to patients.
Physical Activity	The proposed development involves a major extension of the existing Wollongong Private Hospital. The existing Hospital is located within a highly accessible part of Wollongong, and the proposed development

Table 5 Healthy Built Environment Checklist Response

	provides and enhances opportunities for green travel and physical activity to and from the subject site. In addition, the subject site is located within close proximity to a variety of recreational spaces and facilities.
Housing	The proposed development will involve the removal of existing dwellings to facilitate this major extension to the Wollongong Private Hospital. This is considered acceptable since dwellings proposed for removal are located within the SP1 Hospital zone. Additionally, the extension to the Hospital is required to facilitate continual population growth with the Illawarra-Shoalhaven Region as stipulated by various strategic planning policies.
Transport and Connectivity	The site is in a highly accessible location within walking distance to various public transport options.
Quality Employment	The proposed development will provide a number of new employment opportunities. The hospital expansion will create a variety of new jobs such as nurses, doctors, cleaners and medical technicians to support the additional medical services and facilities provided on the site. Additionally, the development also proposes a number of medical tenancies as well as a café which will all offer different and quality employment opportunities. The proposal also seeks to lease the existing health consulting rooms at No. 366 and 368 Crown Street to IAMS thereby increasing the diversifying the employment opportunities offered on the site.
Community Safety and Security	The interface between the development and the public domain has been designed to address CPTED principles. The active street frontages and upper levels allow natural passive surveillance to the public domain. Access to public and private areas will be controlled by secured access points.
Open Space and Natural Features	The proposal will provide high quality public open spaces across the site for both the general public and patients of the hospital to utilise. The provision of quality landscape areas within the communal open spaces ensures high levels of amenity are achieved. Importantly, the proposed landscape design takes strong cues from connection with country themes and story's, particularly with regard to maximising connectivity and acknowledging ancestors through symbolic imagery.
Social Connectivity	The proposed development has been designed so as to provide various opportunities for social connectivity. Specifically, the provision of spaces such as the hospital street and sky garden will facilitate spaces for social connectivity.
Environment and Health	The proposed development ensures a healthy environment with Water Sensitive Urban Design measures ensuring water quality, acoustic attenuation, and acceptable air quality. The development also achieves sustainability standards, solar access and natural ventilation requirements.

2.1.11 Greener Places – An urban green infrastructure design framework for NSW

Greener Places is a design framework for urban green infrastructure prepared by the Government Architect.

Greener Places is a design framework produced by GANSW to guide the planning, design, and delivery of green infrastructure in urban areas across NSW. It aims to create a healthier, more liveable, and sustainable urban environment by improving community access to recreation and exercise, supporting walking and cycling connections, supporting and maintaining Aboriginal culture and heritage, and improving the resilience of urban areas.

(Greener Places 2020)

Greener Places defines green infrastructure as follows:

Green infrastructure is the network of green spaces, natural systems, and semi-natural systems that support sustainable communities and includes waterways; bushland; tree canopy and green ground cover; parks; and open spaces that are strategically planned, designed, and managed to support a good quality of life in an urban environment.



(Greener Places 2020)

The framework identifies four (4) principles to help the delivery of green infrastructure in NSW, and the proposed development works to respond to the principles, as outlined below.

Integration: *combine green infrastructure with urban development and grey infrastructure*

Connectivity: *create an interconnected network of open space*

Multifunctionality: *deliver multiple ecosystem services simultaneously*

Participation: *involve stakeholders in development and implementation*

(Greener Places 2020)

The proposed development responds to the principles with the incorporation of green space and landscaping throughout the public open spaces and accessways throughout the site. The green space and landscaping provide areas of public open space for passive and active recreation.

2.1.12 Wollongong Local Strategic Planning Statement 2025-2045

The *Wollongong Local Strategic Planning Statement* outlines the community's vision for the desired future of the LGA. The Local Strategic Planning Statement has outlined twelve planning priorities. Those which most that with the proposed development include:

- PP6. The networks of Centres provides for the needs of our community.
- PP9. Employment generating uses are priorities in Centres and Industrial areas

The proposed development supports these priorities being achieved as it will enhance the existing employment generating land use located close to local transport and make a positive impact with regards to supporting the needs of the community. It will also improve liveability within the Illawarra- Shoalhaven region by providing additional and improved medical and health facilities for residents.

Furthermore, the LSPS identifies that there is a need to expand the existing public hospital site to meet forecast demand and health service objectives. Indeed, the LSPS states that enabling development floorspace for the expansion of this facility will provide significant public benefit in relation to the health and wellbeing of our Region, as well as supporting employment growth in this sector. Whilst this relates to the public hospital, the Wollongong Private Hospital site also presents an opportunity for the expansion of medical floor space to increase the capacity of the hospital and diversity of the services it provides. SSD-84096206 will enhance the existing hospital throughout the provision of advanced technologies and services to provide significant public benefit in relation to the health and wellbeing of our Region, as well as supporting employment growth in this sector.

2.1.13 Wollongong Health Precinct Strategy

The *Wollongong Health Precinct Strategy* (The Strategy) was publicly exhibited in April to June 2025 and finalised on 20 February 2026. The purpose of this strategy is to inform future development within the existing Wollongong Health Precinct to enable expansion of the precinct to accommodate the growing population of the Illawarra Shoalhaven region. The intended growth within the precinct will provide greater facilities for health, education and research. The strategy is community centric, focused on meeting the needs of all cultural and socio-economic groups. The growth within the health sector will not only provide greater infrastructure and services to the community but increase employment opportunities within a significant regional hub. Currently, within the confines of the precinct, over 4,100 jobs are relevant to the health sector. This equates to almost 5% of the total workforce in the Wollongong LGA.



The proposed development is consistent with the Strategy in providing greater health infrastructure, harbouring better research and education opportunities and additional employment both short and long term.

The strategy sets out three (3) core principles, that embody the vision for the precinct. These principles are outlined below:

1. Healthy and sustainable – A precinct where the built and natural environments are interconnected, health and wellbeing are supported, and the needs of diverse communities are met.
2. Country, people and place – A precinct that recognises the connections of First Nations peoples to Country, aiming to contribute towards a vibrant and liveable city.
3. Collaboration and innovation – A precinct where community, healthcare, business, research and education, and government work together to lead innovation in the health and education sectors.

The strategy then sets out 'big moves' which correspond with the core principles. In particular, the proposed development aligns with the following 'big moves':

Big move 1 – A research and education hub helping to shape sustainable and innovative health system

The proposed development will provide for a significant extension to the existing Wollongong Private Hospital. This will include a new radiation/oncology clinic, emergency department, ICU, operating theatre, sky garden and medical tenancies. These facilities will be equipped with state-of-the-art technology and equipment that will ultimately provide for a more sustainable and innovative health system. The hospital will contain the required facilities to accommodate both research and education amongst the community and health professionals.

Big move 2 - A connected and active 'city west'

The proposed development will provide for the needs of the 24-hour workforce with Wollongong Private Hospital. This is directly through the provision of an expanded café and existing retail store, located on the ground floor. The proposed development will improve the hospital's relationship with the public domain, with more efficient pedestrian and vehicular access and improved wayfinding.

Big move 3 - An accessible and inclusive transport network helping us to move with choice

The proposed development includes the provision of new bicycle parking and end of trip facilities. This aligns with 'measure of success' 5.3 which states '*End-of-trip active transport facilities and public transport hubs are anchors for activated streets, which visitors, workers and residents enjoy for recreational use*'. Bicycle parking is provided within the front courtyard that presents to Crown Street. More secure bicycle parking and trip facilities can be located on the low ground floor and accessed via Urunga Parade.

Big Move 4 – Improved services to support an interconnected and innovative workforce

The strategy acknowledges the importance of upgrading Wollongong Private Hospital alongside the public hospital, and states – '*Upgrading Wollongong Public Hospital will also require considering the future growth in private health care and any future expansion of Wollongong Private Hospital.*' As outlined above, the proposal will provide for a range of state of the art facilities ensuring Wollongong Private Hospital continues to cater for the need so the community and importantly supports the operation of the public hospital.

An extract of the Wollongong Health Precinct structure plan can be found below in **Figure 4**. It should be noted that the structure plan identifies the subject site, being the private hospital, for health facility expansion in the future, alongside Wollongong Public Hospital. Urunga Parade, located to the north of the site is marked as a pedestrian focused area. The pedestrianised nature of Urunga Parade is reflected in the proposed development with emergency vehicles to access the site from Crown Street with more passive forms of transport priorities to the Urunga Parade site entrance.

As such, the proposed development is entirely aligned with the Wollongong Health Precinct structure plan since it seeks to expand the existing private hospital to better meet the needs of the community.

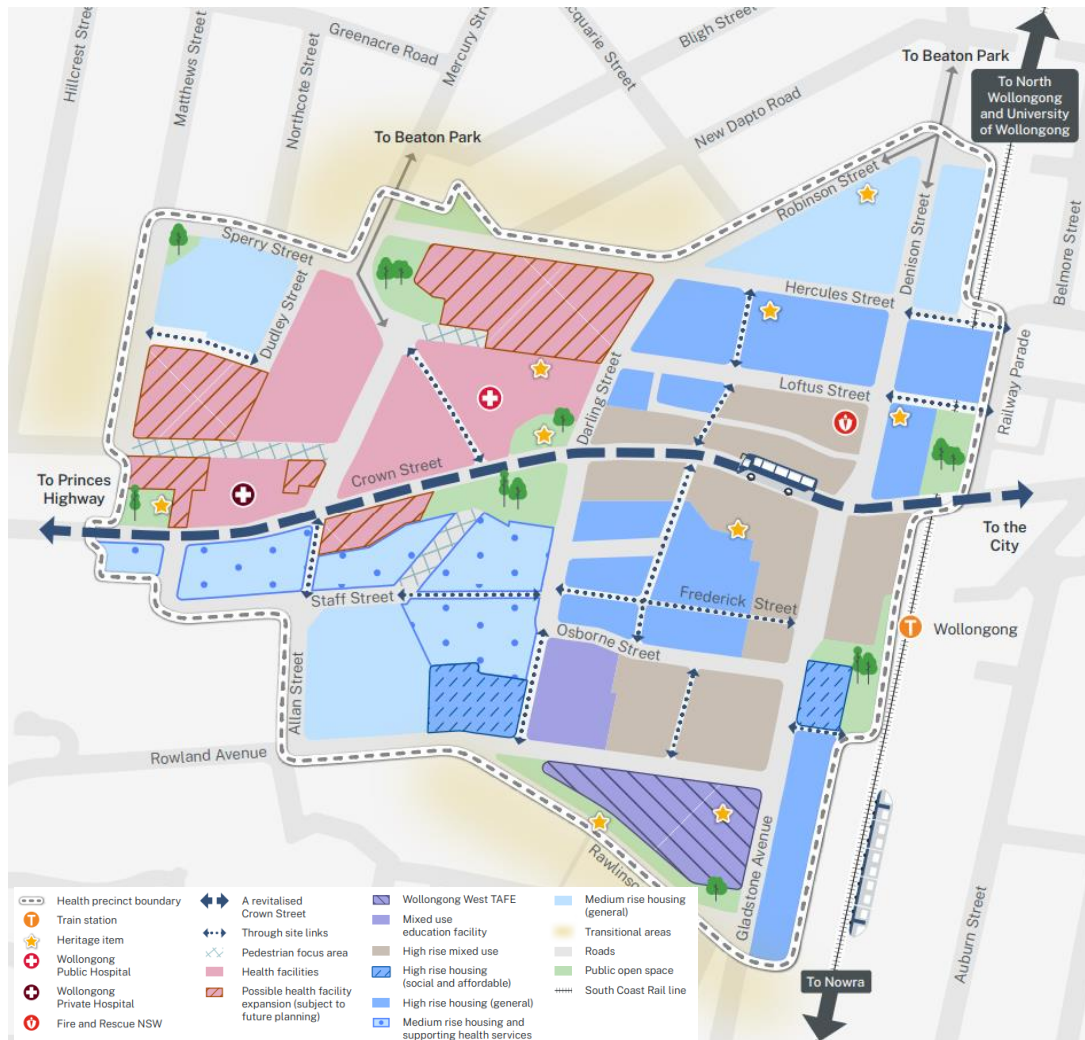


Figure 4 Wollongong Health Precinct Structure Plan (Wollongong Health Precinct Strategy 2025).

Overall, under the WLEP 2009, the site is zoned SP1 – Special Activities and is specifically identified for the use as a hospital in accordance with the zoning map. The site, and the surrounding locality, has also been labelled as the Wollongong Health Precinct, and it is the strategic intention for both local and state government, that this precinct evolve to meet the demand for healthcare services within the locality to support the growing population and its changing needs in relation to treatments and medical support.

The site at present contains the Wollongong Private Hospital and all available strategic documents point to expansion of the hospital, as proposed under this application.

2.2 THE SITE

2.2.1 Site Description

The site forms apart of the Wollongong Health Precinct. The site comprises of eight different allotments, with the street addresses of Nos. 15, 17, 19, 21, and 23 Urunga Parade & 360-364, 366 and 368 Crown Street, Wollongong (see



Table 2 for legal descriptions of allotments). Existing on the subject site is the Wollongong Private Hospital and five individual properties which contain residential dwellings or residential flat buildings and a medical office.

An aerial image of the subject site is provided at **Figure 5**.



Figure 5 Aerial Image of the Site (NearMaps 2025).

The subject site has a total area of 9,399m². The site contains a 121.89m frontage to Urunga Parade and a 104.055m frontage to Crown Street. The site also contains a 78.225m eastern boundary to Lot 545 in DP 1188204 and a combined western boundary of 99.235m to Lots 10 and 45 in Section 1 DP 5507.

The site is located within the 'Core Health' precinct within the Wollongong Health Precinct. Buildings within this precinct and around the subject site are of various uses and typographies. It is expected with the future implementation of the Wollongong Health Precinct Strategy that this Strategy will result in amendments to relevant EPIs impacting the Precinct, allowing for an intensification of development for health facilities. Recent approvals within the Precinct demonstrate that it is undergoing an intensification and is becoming more 'health orientated' with additional medical buildings being constructed.

Photographs of the subject site are provided overpage.





Figure 6 No. 360-364 Crown Street, viewed from Crown Street.



Figure 7 Nos. 370 (two storey building at left, not within the site) and 366 and 368 Crown Street (both single storey buildings being within the subject site), viewed from Crown Street.



Figure 8 Existing private hospital building (at left) and Nos. 15, 17, 19, 21, and 23 Urunga Parade & 360-364 Crown Street, viewed from Urunga Parade.

2.2.2 Site History

The subject site formed part of an initial 640-acre land grant in 1831 and was then subdivided in 1908 to create the current allotments. Between 1909 and the mid-1980s these subject properties were utilised as residential allotments (Architectural Projects Ltd 2022; see **Figures 9 to 11**). During the mid-1980s some of the subject sites began to be utilised for commercial uses such as medical facilities supporting the nearby Wollongong Public Hospital.



Figure 9 Site in 1955 (NSW Government).



Figure 10 Site in 2005 (NSW Government).



Figure 11 Site in 2020 (NSW Government).

A brief summary and description of development applications found using Council's DA Tracking website is provided below at **Table 6**.

Table 6 Development History of the Subject Sites			
DA No.	Description of Works	Date	Determination
No. 15 Urunga Parade			
DA-1984/403	Use Dwelling for Physiotherapy Practice	27/08/1984	Approved

Table 6 Development History of the Subject Sites

DA-1985/80	Advertising Sign	13/03/1985	Approved
No. 17 Urunga Parade			
DA-1963/116	Flats	01/07/1963	Refused
DA-1963/203	4 Flats and Garages	08/10/1963	Approved
BA-1963/2816	4 Flats	09/12/1963	Approved
DA-2002/2155	4 Lot Strata Subdivision	24/04/2003	Approved
DA-2002/2155/A	4 Lot Strata Subdivision - Modification to Relocate Car Parking Space, Construction of Retaining Wall, Alteration to Garage Entry and Proposed New Patio	17/10/2003	Approved
No. 19 Urunga Parade			
No Applications Found.			
No. 21 Urunga Parade			
No Applications Found.			
No. 23 Urunga Parade			
DA-1986/440	Use To Doctors Surgery	31/07/1986	Approved
No. 360-364 Crown Street			
DA-1966/53	Nursing Home For _____ Children (Rec 29)	21/03/1966	Approved
DA-1968/224	Nursing Home For _____ Children	16/09/1968	Approved
BA-1970/1970	Amended Plan (Carport & W.C.)	29/10/1971	Approved
BA-1970/1970	Amended Plan (Carports)	22/11/1971	Approved
BA-1972/1235	Toilet	19/06/1972	Approved
BA-1973/2365	Garage	12/10/1973	Approved
BA-1974/125	Carport	22/02/1974	Approved
BA-1975/1737	Covered Walkway	19/08/1975	Approved
BA-1977/462	Heated Therapy Pool	06/05/1977	Approved
DA-1977/254	Pre-School Day Care Centre	17/10/1977	Approved
BA-1977/3193	Pre-School Day Care Centre	13/02/1978	Approved
DA-1978/557	Patio Cover	24/07/1978	Approved
BA-1978/1828	Patio Cover	11/08/1978	Approved
DA-1979/744	Additions To Nursing Home For Handicapped Children	04/03/1980	Approved
DA-1980/316	Bus Shelter-Awning	15/05/1980	Approved
BA-1980/999	Bus Shelter	23/05/1980	Approved
DA-1980/458	Change Of Use Of Pre-School To Multiple Sclerosis Therapy Centre	19/08/1980	Approved
DA-1981/391	Illawarra Society for Disabled Children	16/04/1981	Approved
DA-1981/1396	Lot 1 & 7 - Extensions To Existing Nursing Home	15/03/1982	Approved

Table 6 Development History of the Subject Sites			
BA-1982/2346	"Cram House" - alterations and additions	08/10/1982	Approved
MP07_0070 (SSD)	Demolition of the existing structures, construction of a signalised intersection and development of a new 8 storey, 154 bed, medical and health facility (Wollongong Private Hospital).	18/04/2011	Approved
MP07_0070 – Mod 1	Modifications to the design of the approved Wollongong Private Hospital, including: changes to external facade; reduction in car parking from 321 to 317 spaces; reduction in beds from 154 to 149; and a 310 sqm reduction in gross floor area.	19/11/2013	Approved
MP07_0070 – Mod 2	Modification of condition B25 within instrument of approval to allow for early works to be carried out prior to obtaining an approval in principle to operate the private hospital facility from the NSW Department of Health, and modifications to the approved Statement of Commitments, particularly commitment B5 - Water and Energy Efficiency Program.	24/09/2013	Approved
DA-2014/1431	Stratum subdivision - two (2) Torrens title lots	25/05/2015	Approved
DA-2016/1353	Demolition of a dwelling house and construction of a six storey addition to Wollongong Private Hospital	12/12/2017	Approved
DA-2021/1028	Conversion of nine (9) consult suites and staff communal rooms into 39 new inpatient beds with associated ancillary storage, nurses station and staff support spaces	31/01/2022	Approved
No. 366 Crown Street			
DA-1987/534	Sign	23/09/1987	Approved
DA-1989/894	Change Of Use To Professional Consulting Rooms For 2 Orthopaedic Surgeons	14/11/1989	Approved
DA-2005/328	Demolition of existing carport and construction of Colourbond garage	07/04/2005	Approved
No. 368 Crown Street			
BA-1953/715	Dwelling & Garage	09/09/1953	Approved
BA-1973/3611	Awning	11/01/1974	Approved
DA-1977/77	Consulting Rooms	13/04/1977	Approved

2.2.3 Development History

In early 2022, State Significant Application, SSD-30240120 was submitted to the NSW Department of Planning and Environment (DPE) (now known as the Department of Planning, Housing and Infrastructure 'DPHI'). The application sought consent for *'the construction of a nine-storey (above ground) extension to the existing private hospital including a new medical tenancy building connecting into the Private Hospital and expansion of the existing three (3) level basement carpark'*. This application was initially refused by the DPE.

However, the application was appealed to the Land and Environment Court of NSW (LEC) under case Number 2023/00167116. As part of the appeal to the LEC, a Statement of Facts and Contentions (SOFAC) was issued. The

Applicant was not able to respond to the contentions as identified within the SOFAC. Accordingly, the Applicant elected to withdraw the appeal.

This new SSD to the DPHI seeks to provide significant alterations and additions to the Wollongong Private Hospital as sought previously under SSD-0240120. This new application, however, addresses the contentions of the original application. Specifically, these contentions as identified in LEC2023/00167116 are extracted below in **Table 7** with a response to how this new SSD addresses each issue.

Table 7 LEC2023/00167116 Contentions and Response

Contentions and Particulars	Proposal
<p>Contention 81 - Contentions that the application be refused</p> <p><u>Contention B1-1: Future development pattern and site isolation</u></p> <p>36. The proposal should be refused because it fails to adequately consider the future development pattern along Urunga Parade and Crown Street and the potential isolation of the adjoining sites at 370 Crown Street and 23 Urunga Parade.</p> <p><u>Particulars</u></p> <p>37. The DA has not demonstrated that the Proposed Development would not result in the isolation of the lots at 370 Crown Street and 23 Urunga Parade (see Figure 2), having regard to the Land and Environment Court's planning principle regarding site isolation established in the decision of <i>Karavellas v Sutherland Shire Council</i> [2004] NSWLEC 251. In particular, the following information has not been provided:</p> <ul style="list-style-type: none"> (i) evidence of negotiations to acquire the abovementioned lots; and (ii) drawings to demonstrate that the abovementioned lots can be reasonably developed in isolation if not amalgamated into the Proposed Development, up to a maximum floor space ratio of 3:1 and a maximum height limit of 32m in accordance with clause 4.4A and 4.3 of the Wollongong LEP, and with an acceptable level of amenity. <p>38. In consideration of the above, the application fails to satisfy the NSW Land and Environment Court Planning Principle.</p>	<p>No. 23 Urunga Parade has been acquired by Wollongong Private Hospital and therefore site isolation no longer occurs. No. 370 Crown Street remains to be owned by a separate entity. Resultingly, a Valuation Report has been prepared by Opteon (Appendix 39) and a formal letter of offer (Appendix 39) was issued on 20 December 2023 to the landowner at No. 370 Crown Street with an offer 30% above the valuation (market) price. The landowner at No. 370 did not accept the offer and did not provide a counter offer.</p> <p>Notwithstanding the above, it is important to acknowledge that the proposal will retain the single storey dwellings at No. 366 and 368, and therefore when viewed in the streetscape the dwelling at No. 370 will not appear isolated and instead could be used for health consulting rooms like No. 366 and 368. Other uses for the site include a childcare centre, community facility, recreation facility and a respite day care centre.</p> <p>Furthermore, it is important to acknowledge that the site at No. 370 Crown Street adjoins a local heritage listed tree at No. 372 Crown Street which hangs over the boundary. As such, redevelopment of the site at No. 370 Crown Street to achieve a building height of 32m and an FSR of 3:1 would be made difficult by that tree and therefore the proposal is not considered to create a site isolation issue.</p> <p>This is addressed in further detail at Section 3.6 of this EIS.</p>
<p><u>Contention B1-2: Heritage</u></p> <p>39. The DA should be refused because it fails to adequately consider the heritage impacts of the Proposed Development.</p>	

Table 7 LEC2023/00167116 Contentions and Response

Particulars

40. The DA has not adequately demonstrated that the Proposed Development will not have an unacceptable impact on heritage including the listed local heritage item, 'House' at 366 Crown Street (16243), which forms part of the Site and is proposed to be demolished. The Applicant's HIS (prepared by Architectural Projects and dated 26 April 2022; and addendum dated 10 October 2022), has several fundamental flaws and omissions which renders it inadequate and not compliant with the Statements of Heritage Impact guidelines, and other widely used and accepted guidelines such as the Australian ICOMOS Burra Charter, 2023. In particular, the documents:

- (a) do not provide adequate background information, site-specific information and site specific historic overview of the property at 366 Crown Street, required for a robust assessment;
- (b) lack detailed physical analysis and history (as outlined in (a)), and therefore do not provide a sufficient assessment of heritage significance of the property at 366 Crown Street;
- (c) do not demonstrate an adequate assessment of heritage significance has been conducted to inform the conclusion that: "due to the reduced historic fabric, aesthetic and representative significance values defined above, and the [sic] 366 Crown Street no longer reaches the threshold for local significance" (HIS, paragraph 8.1.14);
- (d) lack sufficient assessment of heritage impacts of the Proposed Development on proximate heritage items and the broader area, including the mature tree 'Morton Bay Fig' located within Beatson Park (local heritage item 16286);
- (e) do not include a Demolition Report demonstrating that the structure at 366 Crown Street is not reasonably capable of retention;
- (f) do not include a factual statement as to why the structure needs to be demolished, including a statement from an appropriately qualified structural engineer; and
- (g) in the event that demolition is recommended primarily on economic grounds, do not include a statement from a quantity surveyor comparing the cost of demolition and cost of retention.

41. In consideration of the above, the application fails to satisfy clauses 5.10(4) and (5) of the Wollongong LEP concerning heritage assessment and the DA does not demonstrate compliance with the objectives of clause 5.10.

Contention B1-3: Effective and ongoing operation and function of the classified road

42. The DA should be refused because the Applicant has failed to demonstrate that the new access driveway from Crown

The proposal now retains the heritage-listed building at No. 366 Crown Street and lease it to IAMS for continued use as a health services facility, primarily for a birthing clinic for Aboriginal mothers. The area immediately surrounding the building will similarly be retained and landscaping enhanced to provide a well-integrated scheme for the entire hospital site. Importantly, the area within the front setback to ensure ample curtilage is maintained.

A Statement of Heritage Impact has been prepared by Weir Phillips Heritage (Appendix 32) and makes the following conclusions:

The proposed extension to the Wollongong Private Hospital has been carefully designed to minimise adverse impacts on the heritage item at No. 366 Crown Street. The extension is set back from the heritage item, with upper levels recessed and the overall massing broken down to reduce visual dominance. A complementary palette of recessive materials and colours has been selected to ensure the new structure sits respectfully within its context. Landscaping will be used to create a soft visual buffer, enhancing the setting of the heritage item and maintaining its prominence in the streetscape. The heritage item will be retained with only later extensions removed. View corridors to and from the heritage item are preserved. The proposed works fulfil the aims and objectives of the Wollongong LEP 2009 and the Wollongong DCP 2009.

Table 7 LEC2023/00167116 Contentions and Response

Street, that provides access along the western boundary through to Urunga Parade, does not compromise the effective and ongoing operation and function of the classified road.

Particulars

43. The DA has not adequately demonstrated that the Proposed Development does not compromise the effective and ongoing operation and function of the State classified road, in accordance with Subdivision 2, clause 2.119 of *State Environmental Planning Policy (Transport and Infrastructure) 2021*. The consent authority must not grant consent to the development, as the Applicant has not demonstrated compliance with all requirements outlined in clause 2.119(2), which states:

(2) *The consent authority must not grant consent to development on land that has a frontage to a classified road unless it is satisfied that-*

(a) *where practicable and safe, vehicular access to the land is provided by a road other than a classified road, and*

(b) *the safety, efficiency and ongoing operation of the classified road will not be adversely affected by the development as a result of-*

- i. the design of the vehicular access to the land, or*
- ii. the emission of smoke or dust from the development, or*
- iii. the nature, volume or frequency of vehicles using the classified road to gain access to the land, and*

(c) *the development is of a type that is not sensitive to traffic noise or vehicle emissions, or is appropriately located and designed, or includes measures, to ameliorate potential traffic noise of vehicle emissions within the site of the development arising from the adjacent classified road.*

44. The DA fails to demonstrate that the Proposed Development would comply with clause 2.119(2) of *State Environmental Planning Policy (Transport and Infrastructure) 2021*.

45. The Applicant has not provided adequate information to demonstrate that the Urunga Parade driveway/s cannot accommodate all Site access and egress requirements and has failed to adequately outline the benefits gained by the proposed additional access from the classified road. The Applicant has also not demonstrated that the through-site link created by the additional Crown Street driveway would not encourage cut-through driving, where motorists use an unintended short cut instead of the intended main access road.

46. The application does not include any physical treatment to prohibit right-turn movements into the new access driveway from Crown Street, that would otherwise enforce the left-in only arrangement proposed by the Applicant. Without any physical treatment, right turn movements into the driveway are likely to occur and would create safety issues for motorists and pedestrians given the close proximity of the driveway to the signalised intersection of Crown Street and Staff Street.

A Transport Impact Assessment has been prepared by TTPP (Appendix 21) to accompany this submission.

With regards to vehicular access arrangements, the Assessment makes the following comments:

The proposed redevelopment seeks to reconfigure the access arrangements to reduce traffic off Crown Street and provide greater separation between ambulance routes and general traffic routes. On this basis, it is proposed to limit the Crown Street driveway to ambulances accessing the new ambulance parking facility and to vehicles picking up and dropping off passengers to ED. The driveway off Urunga Parade will be provided as two-way (comprising one access lane, and two egress lanes) to accommodate general vehicle access to/ from the basement car park and to the new pick up/ drop off facility in the lower ground level. The existing egress ramp from the basement car park to the ground floor which leads to the Crown Street access will be disused, ensuring that all traffic access the site through Urunga Parade.

As stated above, this proposal prioritises vehicle access off Urunga Parade to limit traffic off Crown Street, being the classified road. This directly satisfies Clause 2.119(2) of the SEPP.

As above, this proposal prioritises vehicle access of Urunga Parade. Whilst the existing access off Crown Street will be retained, use of the driveway will be limited to ambulance and ED pick off and drop off. A through-site link is not proposed as part of this application.

The referred to access driveway is not proposed as part of this application.

Table 7 LEC2023/00167116 Contentions and Response

47. The width of the egress lane at the Crown Street access driveway is excessively wide and results in an unclear arrangement for exiting motorists as to whether the approach is one or two lanes, and results in undesirable increased walking distances for pedestrians seeking to walk across the driveway.

The referred to egress land is not proposed as part of this application.

48. The new Urunga Parade access will generate significant traffic noise and vehicle emissions, the impact of which would be significant given the minimal separating distance of 3.9m between the driveway and the dwelling at 23 Urunga Parade. No air quality assessment report has been submitted as part of the DA.

The development site now includes No. 23 Urunga Parade. The dwelling at the nearest adjoining site is well setback from the shared boundary with the development site. Importantly, the access from Urunga Parade will run directly into the basement level and therefore will be adequately shielded by the built form.

49. For the reasons discussed at paragraphs 45 to 48, the Proposed Development is inconsistent with the objectives outlined in clause 2.119(2)(a) of *State Environmental Planning Policy (Transport and Infrastructure) 2021*.

As detailed above, the proposal satisfies Clause 2.119(2)(a) as it now prioritises access from Urunga Parade to limit impact on Crown Street, being the classified road.

50. In consideration of the above, the application fails to demonstrate that the Proposed Development would not compromise the effective and ongoing operation and function of the classified road network.

All matters have been addressed by this proposal. Refer to the Traffic Impact Assessment which accompanies this submission.

Contention B1-4: Interface with adjoining properties, adjacent low-density development and streetscape

51. The DA should be refused because it has not been sufficiently demonstrated that the Proposed Development would provide an acceptable interface with adjacent predominantly low-density development in Urunga Parade and Crown Street and the adjoining streetscape in terms of visual bulk and scale, landscaping, visual and acoustic privacy.

Particulars

52. The narrow width of the landscaped buffer proposed to the western boundary is insufficient to ameliorate the bulk and scale of the Proposed Development. The design and layout of the landscaping fails to create a consolidated deep soil area, noting that the landscaping as proposed would sit in between a boundary fence to the west and the proposed acoustic barrier and retaining wall to the east, which would inhibit the growth of any significant screening vegetation.

The development site has been expanded and now includes No. 23 Urunga Street, consequentially changing the western site boundary. Whilst it's noted the western boundary remains to adjoin lower scale residential development, the interface has been drastically improved through the retention of the existing dwellings at No. 366 and 368 Crown Street. Furthermore, the form has been altered significantly compared to the previous application to reduce the visual bulk and scale when viewed from those adjoining residential properties. Indeed, the large north-south connection between the new western wing and the existing hospital has been removed, and the separate south western building is no longer proposed.

Furthermore, the proposal allows for substantial landscaping along this western boundary with a deep soil setback ranging

Table 7 LEC2023/00167116 Contentions and Response

53. The absence of adequate or contributory landscaping either within the Urunga Parade frontage or elsewhere within the site is insufficient to ameliorate the bulk and scale of the Proposed Development when viewed from Urunga Parade and from adjacent low-density areas. The design and layout of the landscaping and low level of consolidated deep soil area within the site, would inhibit the growth of any significant screening or contributory landscaping able to mitigate the visual impacts of the development.

54. The unsatisfactory interface with the adjoining properties to the west is contributed to by the provision of the proposed through-site vehicle link extending from Crown Street through to Urunga Parade, which exacerbates amenity impacts to the adjacent western properties.

55. The proposed landscaped terraces on the western side of the building at Levels 1 and 3 would create visual privacy impacts for adjoining properties. The design of these terraces incorporates low balustrades and provides no screening or other privacy devices to ameliorate overlooking opportunities.

56. The lower ground car park level and emergency parking bay on the ground floor are designed to be open to the west, creating potential acoustic and privacy impacts to the neighboring properties to the west.

57. Detailed sections at various points along the western boundary have not been submitted to adequately demonstrate the relationship with neighboring buildings, existing ground level(s), proposed retaining/acoustic walls and proposed planting, canopy trees and screening.

58. The exceedance of car parking provision for the development contributes to the non-compliance with the floor space ratio development standard, resulting in a larger basement footprint which comprises opportunities for deep soil planting.

59. The landscape buffer to the adjoining properties at 23 Urunga Parade and 370 Crown Street are planted within approximately 1.2m of dwellings/structures on those sites. The proposed landscaping will grow over dwellings/structures on these properties, and this is considered unacceptable as it will impact solar access. Additionally, the adjoining landowners at 23 Urunga Parade and 370 Crown Street have the right to remove and cut back to the fence line all vegetation overhanging

from 2.5-10m in width. The deep soil landscaped area is sufficient in accommodating a variety of vegetation including medium sized trees. This is ample in providing screening to neighbouring properties.

Through the retention of No. 366 and No. 368, deep soil landscaping will be concentrated on those sites since they do not sit above the proposed basement. Furthermore, a deep soil link from Crown Street along the western boundary is provided to provide a landscaped setback to adjoining residential development which can accommodate significant screening and contributory landscaping.

A through site vehicle link is not proposed between Urunga Parade and Crown Street in this application.

No landscaping is proposed on Levels 1 and 3 as part of this application. Landscaping is proposed at the ground floor level. Notably, additional landscaping is proposed within the internal courtyard on level 2 and sky garden on level 7, however, neither of these spaces will have any privacy implications with suitable balustrades proposed to limit overlooking opportunities.

The design of the lower ground and ground floor parking areas are now protected by the built form with a lesser opening to the western boundary.

Refer to Architectural Plans by CM+ and HPI. (Appendix 8).

Refer to the Traffic Impact Assessment has been prepared by TTPP (Appendix 21) to accompany this submission.

The development site includes No. 23 Urunga Parade and a landscaping proposed along the boundary of this site will have sufficient space to be setback from the adjoining site. With regard to No. 370 Crown Street, landscaping will include planting and shrubs that would not create a burden to No. 370 in terms of maintenance. Notably, the dwellings at No. 366 and 368 will now be retained and therefore significant landscaping along the western boundary is not considered necessary.

Table 7 LEC2023/00167116 Contentions and Response

their boundaries, resulting in landscape planting with a negligible effective buffer.

60. In consideration of the above, the application fails to demonstrate an acceptable interface to adjoining sites, adjoining streetscape, as well as adjacent development in Urunga Parade.

The proposed development has remedied these issues.

Contention B1-5: Inconsistency with zone objectives

61. The DA should be refused because the Proposed Development fails to satisfy the objectives of the SP1 'Special Activities' zone within Wollongong LEP.

Particulars

62. In accordance with clause 2.3(2) of the Wollongong LEP, the consent authority must have regard to the objectives for development in a zone when determining a development application in respect of land within the zone.

63. In view of the likely impacts on adjoining properties and the low-density locality and unsatisfactory interfaces, the Proposed Development would be inconsistent with the SP1 'Special Activities' zone objective which seeks *"To facilitate development that is in keeping with the special characteristics of the site or its existing or intended special use, and that minimises any adverse impacts on surrounding land."*

64. The Proposed Development fails to minimise any adverse impacts on surrounding land because it expands the building footprint at the expense of the amenity of the neighbouring properties. In particular, 23 Urunga Parade and 370 Crown Street will be significantly affected by the Proposed Development.

Refer to Section 6.3.1 for assessment of proposals alignment with zone objectives. Notably, the site is zoned for hospital development and the proposal only seeks to expand and enhance the existing hospital use which seeks to meet the growing needs of the district.

As above, the proposal maintains the existing special use of the site and provides for an expansion which suitably complements the existing built form without having an adverse impact on surrounding land. When compared to the previous application, adverse amenity impacts have been significantly minimised by this proposal with regard to overshadowing, visual impact and privacy. The significant reduction in the built form, acquisition of No. 23 Urunga Parade and retention of the dwellings at Nos. 366 and 368 Crown Street will ensure amenity impacts to the western interface are significantly improved.

No. 23 Urunga Parade now forms part of the development site and the retention of No. 366 and 368 ensures that the visual bulk of the development to No. 370 will be mitigated. With regard to the interface with No. 25-29 Urunga Parade the built form has been well articulated to step in at Level 2 and again at Level 7 to mitigate the visual bulk of the development and subsequently mitigate amenity impacts on the adjoining property.

Contention B1-6: Failure to exhibit design excellence

65. The DA should be refused because the Proposed Development does not exhibit design excellence in accordance with clause 7.18 of the Wollongong LEP, the objective of which is to deliver the highest standard of architectural and urban design.

Particulars

66. In accordance with clause 7.18(3) of the Wollongong LEP, development consent must not be granted unless, in the opinion of the consent authority, the proposed development exhibits design excellence. The First Respondent contends that the Proposed Development does not sufficiently exhibit design

This proposal has been reviewed by the State Design Review Panel who provided their support for various elements of the proposal. Recommendations and advice made by the SDRP have been considered and incorporated into this scheme where possible.

Table 7 LEC2023/00167116 Contentions and Response

excellence, having regard to the matters outlined in clause 7.18(4). In particular, the proposal does not satisfactorily address the following matters of the subclause:

- (e)(i) the suitability of the land for the development;
- (ii) existing and proposed uses and use mix;
- (iii) heritage issues and streetscape constraints (see **contention 81-2**);
- (iv) the location of any tower proposed, having regard to the need to achieve an acceptable relationship with other towers (existing or proposed) on the same site or on neighbouring sites in terms of separation, setbacks, amenity and urban form;
- (v) bulk, massing and modulation of buildings;
- (vii) environmental impacts such as sustainable design, overshadowing, wind and reflectivity (see **contention 81-4**);
- (ix) pedestrian, cycle, vehicular and service access, circulation and requirements (see **contention 81-3**); and
- (x) impact on, and any proposed improvements to, the public domain (see **contention 81-4**).

When compared to the original application, this proposal presents a far more suitable response to the site and surrounding context. Key changes include the incorporation of No. 23 Urunga Parade, retention of the dwellings at No. 366 and 368, removal of the south western tower and north-south connection previously proposed, and concentration of vehicular access from Urunga Parade.

The proposed design has been addressed in the Design Report prepared by CM+ and HPI (Appendix 9) and submitted with this application.

67. The design of the pedestrian entry ramp to the medical tenancy building presents high impervious walls to the pedestrian footpath on Crown Street, alienating the public realm from the building entry unnecessarily.

This ramp is not included in this proposal.

68. The location of the tower proposed will significantly impact the amenity of the dwellings at 23 Urunga Parade and 370 Crown Street given the proximity, the building separation, setbacks, bulk, massing, modulation and proposed urban form. Occupants of 23 Urunga Parade and 370 Crown Street will also likely be impacted by reflectivity from the Private Hospital and wind due to corridor effects.

This tower is not included in this proposal.

69. In consideration of the above, the application fails to exhibit design excellence in accordance with clause 7.18 of the Wollongong LEP.

These items have been addressed above and in the submitted Architectural Plans.

Contention B1-7: Unsatisfactory car and service vehicle parking layout

70. The DA should be refused because the proposed car parking and service vehicle layout and resultant vehicular movements within the Site are unsatisfactory.

Particulars

71. The drop-off area on lower ground needs to be separated from general development traffic. The lower ground arrangement is convoluted and will lead to congestion and poor wayfinding throughout the site, particularly for motorists who may be infrequent visitors and unfamiliar with the site.

The lower ground floor drop off and car park have been simplified to avoid confusion of drivers and congestion.

Table 7 LEC2023/00167116 Contentions and Response

72. The existing loading area is poorly designed, requiring all vehicles (including large trucks) to reverse from Urunga Parade into one of the limited number of loading bays. The application proposes to rely on the existing loading area to accommodate the increased service vehicle parking demands generated by the proposed development, which is unacceptable and unsafe, particularly given the proposed development will result in a significant increase in:

- (a) vehicular traffic volumes along Urunga Parade as a result of the proposed additional vehicle access driveways onto Urunga Parade, thereby increasing the risk of a vehicle conflict; and
- (b) significant increase in pedestrian traffic along the Urunga Parade frontage as a result of the proposed new pedestrian entry for the hospital and retail premises fronting Urunga Parade, thereby increasing the risk of a vehicle-pedestrian conflict.

New loading dock with a turntable is now proposed off Urunga Parade.

Contention B1-8: Unacceptable traffic impacts

73. The DA should be refused because the proposed development will result in unacceptable traffic impacts.

Particulars

74. The trip generation rate used to estimate the traffic generation of the Proposed Development is overly simplistic and inaccurate, being based solely on the number of hospital beds. This rate does not take into consideration other aspects of the Proposed Development which are expected to result in increased trip generation such as the provision of 76 car parking spaces in excess of the minimum requirement under the Wollongong DCP, new Emergency Department and new Medical Centre / consulting suites.

Refer to the Transport Impact Assessment has been prepared by TTPP (Appendix 21) to accompany this submission.

75. A revised trip generation rate is required to be utilized for the traffic generation assessment and SIDRA modelling, with any revised generation rate to be supported by survey data. A trip distribution network diagram should be provided to clearly demonstrate assumptions and distribution of development traffic onto the surrounding road network including modelled intersections.

Refer to the Transport Impact Assessment that has been prepared by TTPP (Appendix 21) to accompany this submission.

76. The TAIA (reference 21.237r02v05 dated February 2023) prepared by Traffix does not include the raw traffic survey data utilized for the SIDRA modelling.

Refer to the Transport Impact Assessment that has been prepared by TTPP (Appendix 21) to accompany this submission.

Contention B1-9: Unsatisfactory landscaping

77. The DA should be refused because the proposed landscaping within the Site is unsatisfactory.

Particulars

78. The design and layout of landscaping within the site and the lack of consolidated deep soil areas would inhibit the

Refer to the Landscape Plan prepared by Site Design + Studio (Appendix 17).

Table 7 LEC2023/00167116 Contentions and Response

opportunity to grow landscaping capable of mitigating the visual impacts of the development.

Through the retention of No. 366 and No. 368, deep soil landscaping will be concentrated on those sites since they do not sit above the proposed basement. Furthermore, a deep soil link from Crown Street along the western boundary is provided to provide a landscaped setback to adjoining residential development which can accommodate significant screening and contributory landscaping.

79. The landscape buffer to the adjoining properties at 23 Urunga Parade and 370 Crown Street are planted within approximately 1.2m of dwellings/structures on those sites. The proposed landscaping will grow over dwellings/structures on these properties, and this is considered unacceptable as it will impact on solar access.

No. 23 Urunga Road has been acquired and now forms part of the development site and landscaping proposed along the boundary of this site will have sufficient space to be setback from the adjoining site.

With regard to No. 370 Crown Street, landscaping will include planting and shrubs that would not create a burden to No. 370 in terms of maintenance. Notably, the dwellings at No. 366 and 368 will now be retained and therefore significant landscaping along the western boundary is not considered necessary.

Contention B1-10: Variation to clause 4.4A - Floor Space Ratio of the Wollongong LEP

80. The DA should be refused because the application fails to satisfy the requirements of clause 4.4A - Floor Space Ratio.

Particulars

81. The maximum allowable floor space ratio for the site is 3:1 where the building is used for purposes other than residential.

Noted. Importantly, the existing development on the site has an FSR of 3.63:1 equating to an existing variation of 20.8%.

82. The clause 4.6 Variation Request (as revised in the Response to Submissions) identifies the development as having a floor space ratio of 3.76:1 and a related variation of 12 per cent. However, based on the figures provided, a floor space ratio of 3.76:1 would equate to a variation of approximately 25 per cent.

The proposed development provides a total GFA of 39,060m². This equates to a FSR of 4.16:1 and a variation of 38.5%.

Refer to the Clause 4.6 Variation Request prepared by Planning Ingenuity (Appendix 6).

83. In accordance with the definition of *gross floor area* within Wollongong LEP, the non-compliant floor space ratio is contributed to by additional car parking spaces which exceed the requirements of the consent authority.

The Wollongong DCP provides MINIMUM parking rates, and therefore, parking provided above the rate is not considered to exceed the requirements since those requirements are not maximums.

84. There is insufficient information provided to demonstrate how the proposed floor space ratio has been calculated.

Refer to Architectural Plans (Appendix 8).

Contention B1-11: Public Interest

85. The DA should be refused because it is not in the public interest.

Particulars

86. In response to the DA, the Department received 14 unique public submissions including submissions and advice from public authorities. The public submissions were largely in objection to the Proposed Development and raised concerns

The issues raised with the application previously have been considered in the design of this proposal. Notably, the development site now includes No. 23 Urunga Parade to avoid site isolation. With regard to No. 370 Crown Street

Table 7 LEC2023/00167116 Contentions and Response

regarding lot isolation, noise and air pollution impacts, traffic impacts on Urunga Parade, lack of parking, pedestrian access and the loss of the local heritage item. Without resolution of these issues and the other inadequacies of the DA (identified in the contentions) the public interest would not be served by granting consent to the proposed development.

87. The Proposed Development would set an undesirable precedent for future development on land zoned SP1 particularly noting its proximity to low-medium density residential housing. Therefore, it would not be in the public interest pursuant to 4.15(1)(e) of the EPA Act to grant consent to the Proposed Development.

offers above market have been provided but rejected by the landowner. The proposal provides parking above the minimum requirements and the proposed access points have been designed to minimise impact on the surrounding road network. The heritage item on the site will now be retained and utilised by IAMS, creating a positive connection to land and support for the Aboriginal community which is certainly in the public interest. The proposal has been significantly reduced in visual bulk and scale, particularly at the interface with the adjoining residential properties. Importantly, the proposal does not set a precedent when considering the existing scale of development on the site. Instead, the proposal seeks to address the need for additional medical floor space within the district, on a site that is specifically zoned for such development.

Contention B2 - Contentions that there is insufficient information to assess the application

Contention B2-1: Traffic modelling

88. The DA is not accompanied by sufficient information to demonstrate the Proposed Development is informed by sufficient traffic modelling. In particular, the following information to address concerns raised by TfNSW has not been provided:
(a) justification for the assumed 50/50 split in either direction for traffic exiting the Site to Urunga Parade, as identified in Table 8 of the Applicant's TAIA v05, prepared by Traffix and dated 22/02/2023. The First Respondent notes that TfNSW is of the opinion that a significant portion of traffic is likely to access Crown Street via New Dapto Road/Mercury Street/Loftus Street roundabout and New Dapto Road/Crown Street signalised intersection, and consequently this additional traffic would affect the SIDRA analysis for these intersections.
(b) clarification of why the results shown in Tables 9 and 10 of the TAIA do not appear to reflect the results of the SIDRA modelling. The tables indicate a Level of Service (LOS) C for the worst performing intersection (New Dapto Road/Crown Street), however TfNSW advises that modelling indicates this intersection would perform at LOS F.

Refer to the Transport Impact Assessment has been prepared by TTPP (Appendix 21) to accompany this submission.

89. Electronic copies of the SIDRA modelling files are to be provided to the First Respondent for review.

Refer to the Transport Impact Assessment has been prepared by TTPP (Appendix 21) to accompany this submission.

Contention B2-2: Insufficient information to address Council and agency concerns

90. The DA is not supported by sufficient information to demonstrate that the Applicant has considered and adequately responded to all comments made by Council and government agencies following receipt of the Response to Submissions in accordance with section 59 of the Environmental Planning and Assessment Regulation 2021.

This proposal has addressed all comments raised in regard to the previous application and in the pre-lodgement stage for this submission.

Table 7 LEC2023/00167116 Contentions and Response

Contention B2-3: Variation of clause 4.3 Height of Buildings of the Wollongong LEP

91. The variation request submitted under clause 4.6 of the Wollongong LEP that seeks to justify the contravention of the Height of Buildings control (clause 4.3) is insufficient as it fails to address the proposed vertical extension of the existing eastern stairwell. The request must be accompanied by drawings which clearly demonstrate maximum RLs, and height blanket drawings to adequately demonstrate the extent of the area breaching the standard.

Refer to the Clause 4.6 variation prepared by Planning Ingenuity (Appendix 5) which accompanies this submission.

Contention B2-4: Safe operations of the nearby Wollongong Hospital helipad

92. The DA is not supported by sufficient evidence to demonstrate that the Proposed Development impacts (final built form and construction) would not have an adverse impact on the safe operations of the nearby helipad at Wollongong Hospital. The application fails to address the issues raised by NSW Health - Illawarra Shoalhaven Local Health District following submission of the Response to Submissions material.

Refer to the Aeronautical Study prepared by Avlaw (Appendix 35) which accompanies this submission.

The Report makes the following conclusion with regard to the helicopter flight path of the public hospital:

The analysis undertaken by Avlaw has identified that operational airspace associated with the current south-west flightpath track overlies the site boundary of the Wollongong Private Hospital and that construction cranes for the WPH development project will penetrate the operational airspace for the current flightpath track alignment.

The analysis undertaken by Avlaw indicates that a ten-degree northerly (clockwise) rotation of the current south-west flightpath track and associated operational airspace will ensure the WPH construction cranes can operate clear of the operational airspace for medical transport helicopters serving the Wollongong Base Hospital heliport. The Avlaw assessment of the obstacle environment for the WBH heliport has also identified that the operational airspace for the current south-west flightpath track includes tall trees that extend above the design gradient nominated by the Civil Aviation Safety Authority for obstacle-free airspace associated with helicopters operating in Performance Class 1.

Whilst a rotation of the south-western flightpath track would facilitate the construction of the Wollongong Private Hospital Development, a permanent rotation of the flightpath alignment is recommended by Avlaw as an enhancement to the operational airspace for the heliport through the provision of a better obstacle environment than that associated with the current southwest flightpath track alignment.

Contention B2-5: BCA compliance issues

93. The BCA Assessment Report prepared by BCA Logic dated 22 April 2022 identifies a number of areas of non-compliance

Refer to the BCA Report prepared by Jensen Hughes (Appendix 11) which accompanies this submission The

Table 7 LEC2023/00167116 Contentions and Response

that require further information or consideration and/or assessment of Performance Solutions.

94. The DA is not supported by sufficient evidence to demonstrate that the response to these matters will not result in significant changes to the proposed built form and consequential changes to impacts.

95. The submitted BCA report should be updated to reflect current NCC requirements. The report references BCA - NCC 2019, while the current version is BCA - NCC 2022.

96. Sufficient information should be provided in relation to outstanding matters including any Performance Solutions to provide certainty in relation to the built form and associated impacts.

97. The updated BCA report should incorporate comments around section 64 of the *Environmental Planning and Assessment Regulation 2021*, particularly comments as to the scope of the existing building upgrades required as part of, and as a result of, the proposal.

report has been reviewed in detail and there are no recommendations made that would result in any significant changes to the proposed built form. Indeed, all recommendations are of a minor nature to ensure accessibility and can be dealt with at the detailed design stage for CC.

2.2.4 Topography

The subject site is located within close proximity to a ridgeline within Wollongong. Accordingly, the site has a gradual fall from the highest point at the southeastern corner of the site and the lowest point at the northwest corner of the site. Over this distance the subject site falls by approximately 6m. Despite this natural fall of the site, the site has been highly altered in its natural topography to facilitate early residential development. An extract of the Survey Plan as prepared by LTS is provided below in **Figure 12**.

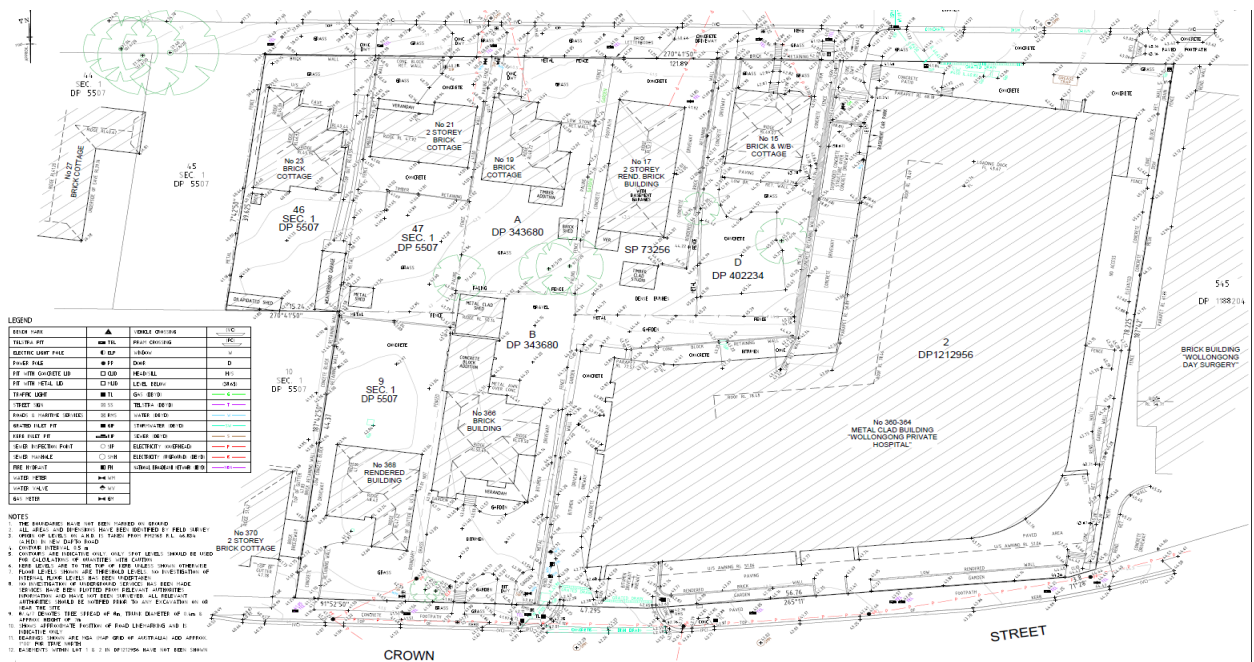


Figure 12 Survey Plan of the Subject Site.

2.2.5 Flora and Fauna

The SEARs granted for this project includes the requirement for a Biodiversity Development Assessment Report or a BDAR Waiver (Item 11).

The site contains only nine (9) small trees.

On this basis, a Biodiversity Development Assessment Report (BDAR) Waiver Request was prepared by a suitably qualified ecologist consultant and a BDAR Waiver was issued on 20 November 2025 by the Department of Climate Change, Energy, the Environment and Water (Appendix 24).

2.2.6 Aboriginal Cultural Heritage

The SEARs granted for this project includes the requirement for an Aboriginal Cultural Heritage Assessment Report (ACHAR) (Item 18) where there is known, or reasonably likely, to be Aboriginal cultural heritage on or near the site.

As required an ACHAR has been prepared by Artefact Heritage and Environment to accompany SSD-84096206 (Appendix 31).

The ACHAR makes the following conclusions with regard to the subject site and development:

- No sites listed on the Aboriginal Heritage Information Management System (AHIMS) were discovered in the study area
- No previously unrecorded Aboriginal sites or objects were identified within the study area during the site survey.
- After physical examination of the study area and examination of historical aerial photography the study area has been assessed as being disturbed having nil to low potential to retain intact archaeological deposits.
- Consultation with Registered Aboriginal Parties (RAPs) did not reveal specific social, cultural aesthetic or historical significance associated with the site.

On this basis, further assessment is not considered necessary. The recommendations within the ACHAR should be imposed as conditions of consent for SSD-84096206.

2.2.7 European Heritage

The subject site is not located within a heritage conservation area but partially comprises of a heritage item and contains various other heritage items in close proximity to the site (see **Figure 13** below). Specifically, as identified within Schedule 5 Environmental heritage of the Wollongong Local Environmental Plan 2009, Heritage Item 6243 is contained within No. 366 Crown Street (Lot B in DP 343680). A description of this item from the NSW State Heritage Inventory states the following:

“Single storey residence of the Federation period, important in the local townscape and a good example of fine residential architecture. Main features include brick walls (now painted), projecting bay, hipped slated roof with vented gables and terracotta capings and finials, semi-encircling (return) verandah with skillion roof extending from the main roof, tapered timber verandah posts on brick balustrade and a flat awning on brackets above the bay window”.

A photograph of this building can also be found in **Figure 14** below.

In addition to the above. The following heritage items have also been identified within the Wollongong Local Environmental Plan 2009 and found to be in close proximity to the subject site:

- Item 6286, ‘Moreton Bay Fig’ at Beatson Park, Crown Street;
- Item 5939, ‘Group of Fig Trees’ at Nos. 348–352 Crown Street (grounds of Wollongong Hospital); and
- Item 5939, ‘Wollongong Hospital Nurses’ Home’ at Nos. 348–352 Crown Street (Wollongong Hospital Site) (noting state Significance).

The proposed development does not seek to damage, alter or impact the heritage item existing on the subject site, rather preserving the item for uses as a medical tenancy to be leased by IAMS. Nevertheless, a Heritage Impact Assessment has been prepared by Weir Phillips Heritage to assess any potential impacts to the heritage item and other heritage items within the immediate proximity of the subject site.



Figure 13 Heritage Map of the Site (NSW Planning Portal Spatial Viewer 2025).



Figure 14 Heritage Item at No. 366 Crown Street.

2.2.8 Site Access

The subject site is located in between Crown Street and Urunga Parade. Crown Street is a classified road, forming part of the Princes Highway and acts as the main street and vehicle connection through Wollongong. Accordingly, the site



at present contains various pedestrian and vehicular access points in and out of the subject site. The proposed development will not limit or restrict pedestrian or vehicular access to the subject site and will continue to provide appropriate access to the site.

2.2.9 Access to Services

As the site is within an established urban area, electricity, gas, sewer, communication, and potable water services are readily available to the subject site.

As a result of the expansion an additional substation will be provided to accommodate the additional loads.

2.2.10 Connectivity and Access to Public Transport

The subject site has excellent access to public transport and is located within 850m walking distance from Wollongong railway station entrance. In addition, there are number of bus stops along Crown Street within 400m walking distance to the site which provide frequent and accessible services to surrounding suburbs 7 days a week.

2.3 SITE CONTEXT – NEIGHBOURING PROPERTIES

The subject site adjoins Crown Street to its southern boundary, a State Road classified under the Roads Act 1993. It has two lanes in each direction and forms part of the Princes Highway. To the subject sites northern boundary is Urunga Parade which is a two-lane Local Road with marked street parking. In addition to Crown Street and Urunga Parade, the subject site also adjoins or is in close proximity various other residential and non-residential properties. These properties have been earmarked in **Figure 15** below and a description of each property has been provided in **Table 8**.



Figure 15 Aerial Image of the Site and Neighbouring Properties (NearMaps 2025).



Table 8 Description of Neighbouring Properties

Ref.	Street Address	Description	Photograph
1	Nos. 10, 12 and 14 Urunga Parade & No. 24 Dudley Street.	These properties comprise of four (4) individual residential dwellings which are generally single storey in height constructed of brick or timber cladding and have pitched roofs. They generally lack mature landscaping.	
2	Nos. 3-11, 13 and 15 Dudley Street.	The part of this property which is located directly opposite the subject site contains the Illawarra Shoalhaven Local Health District ISLHD Fleet Vehicle Parking Lot. This car park is ancillary to the Wollongong Public Hospital which is shown further below.	
3	Nos. 5-7 Urunga Parade & Nos. 354-358 Crown Street.	This property contains the Wollongong Day Surgery. The Day Surgery contains multiple buildings of various ages and building heights reaching four (4) storeys in height. The surgery has a larger built form presenting to Urunga Parade when compared to the Crown Street frontages.	
4	Nos. 411-419 Crown Street.	Nos. 411-417 Crown Street contains a vacant allotment, and No. 419 contains a family medical practice. This medical practice is two (2) storeys in height and is constructed of brick and concrete with a pitched roof. Nos. 411-417 Crown Street has been granted deferred commencement approval under DA-2022/395 for the construction of a seven (7) storey medical building.	 Source: Illawarra Mercury, 2022.
5	Nos. 421-427 Crown Street	This property contains various commercial developments. Namely, a café, a carwash, a tyre shop, and a petrol station. These businesses form part of a two-storey brick building with a flat roof. Minimal/no landscaping can be found within this site.	

Table 8 Description of Neighbouring Properties

6	No. 370 Crown Street	This property contains a two-storey residential building that was previously used as a medical office. This building is two stories in height and constructed of using fibro and brick with a pitched roof. The medical practice is owned by Dr Peter Marantis who runs and operates a Respiratory & Sleep Medicine Clinic	
7	Beatson Park	Beatson Park is a small park largely characterised by a large Moreton Bay Fig which has been identified as a heritage landscape item within the Wollongong LEP (6286). The park has a stone retaining wall fronting Crown Street.	
8	Nos. 25-29 Urunga Parade	This property comprises of a single-storey dwelling constructed of brick and mortar with a pitched roof. The site is largely landscaped with mature landscaping presenting to the street alignment.	

2.4 THE SURROUNDING LOCALITY

The site is located just west of the Wollongong CBD where higher density development reaches up to 120m in height in and around the Wollongong Railway Station, stepping down further from the station and CBD, outwards towards lower density residential land. The SP1 zone essentially acts as a transition zone between the CBD and R2 zone where building heights of up to 60m are permitted right before the 9m building height limit for lower density residential development.

The subject site and land to the north east and south of the subject site are located within the SP1 Hospital zone as prescribed by the Wollongong Local Environmental Plan 2009 (see **Figure 16**). As such, development within the surrounding locality is primarily for medical purposes, as anticipated by the nomination of the area as the Wollongong Health precinct. It is noted that some areas of SP1 zoned land continue to contain residential development, however, these existed prior to the rezoning of the area for the hospital purpose, and it is likely that these sites will progressively be redeveloped to align with and support the health precinct, similar to the approved development at No. 411-417 Crown Street, as detailed above.

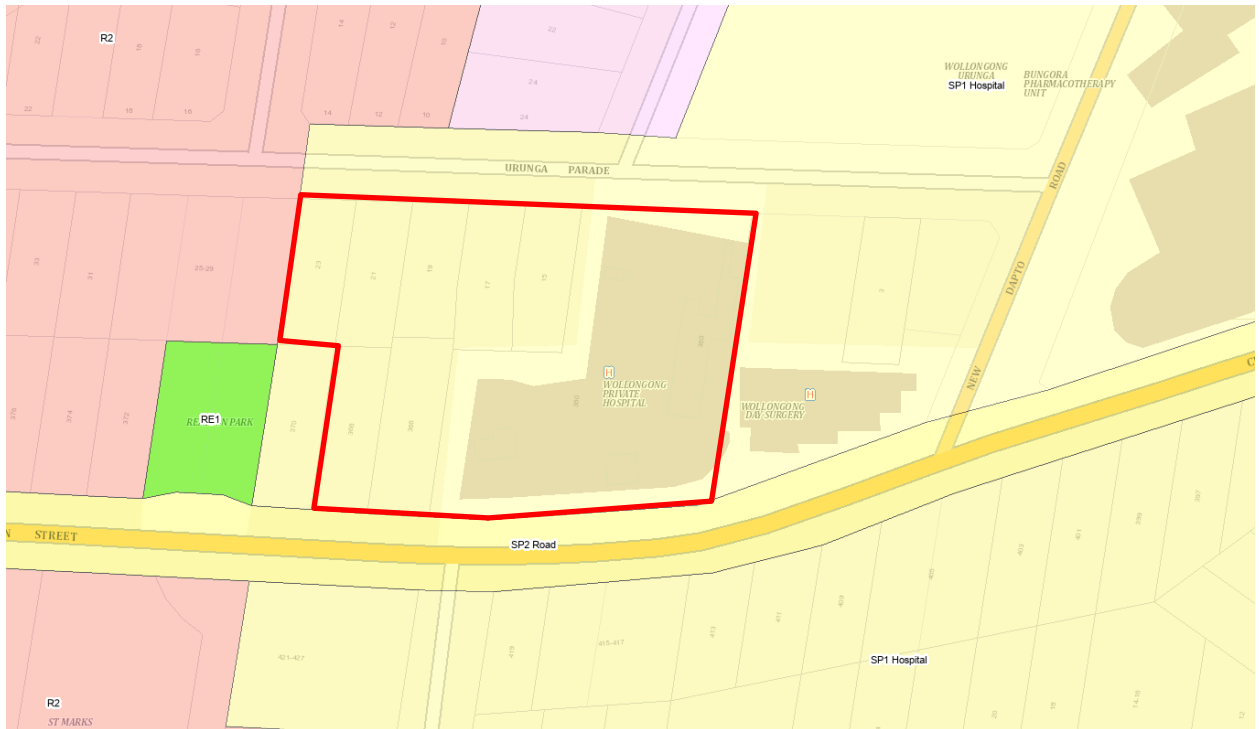


Figure 16 Land Zoning Map of the Site (NSW Planning Portal Spatial Viewer 2025).

Development of most relevance to the emerging health precinct, and to this SSD, is the Wollongong Public Hospital, Wollongong Day Surgery, and the subject site itself, which contains the existing Wollongong Private Hospital. The existing hospital is described in detail above, and the other developments are well-detailed below. Importantly, the existing and approved development within the precinct clearly defines the anticipated built form, scale and typography for the locality, in which this SSD entirely relates to.

Wollongong Public Hospital

Wollongong Public Hospital is located to the north east of the site and comprises of land on both the eastern and western sides of New Dapto Road, connected via a footbridge and covering a total land area of approximately 44,380m² (**Figure 16**). The eastern site comprises various buildings of different architectural styles, reaching up to nine (9) storeys in height, whilst the western site predominantly contains a seven (7) storey car park, with a helipad on top. Photographs of the site are shown in **Figure 17** to **21** overpage.

The Wollongong Public Hospital is the principal referral hospital in the Illawarra Shoalhaven district, with 56,000 inpatient admissions and 74,600 emergency department presentations in 2023-2024. As detailed in the Wollongong Health Precinct Strategy, it is expected that there will be 25,000 more admissions and 39,000 additional emergency department presentations by 2031.

To keep pace with the projected demands of the community, it has been made clear that existing health infrastructure like Wollongong Public Hospital, needs to be upgraded to harness innovation, allow for technical and medical advancements and overall improve health care delivery. Importantly, the Wollongong Health Precinct Strategy identifies 'Health precincts' as being key to address the emerging health care needs of the community and at the core of a successful health precinct is the co-location of health services facilities. The Wollongong Health Precinct already benefits from this co-location with the Wollongong Public and Private Hospitals, and Wollongong Day Surgery, all within walking distance of one another and the Wollongong Town Centre. There is however a demand for the existing infrastructure to be built upon and upgraded to support and enable an integrated health system in the region.



Figure 17 Wollongong Public Hospital (Source: NearMaps 2025).



Figure 18 Wollongong Public Hospital, as viewed from Crown Street.



Figure 19 Wollongong Public Hospital, as viewed from Darling Street.



Figure 20 Wollongong Public Hospital, as viewed from Loftus Street.



Figure 21 Wollongong Public Hospital, as viewed from New Dapto Road.



Figure 22 Wollongong Public Hospital carpark, as viewed from Dudley Street.

Wollongong Day Surgery

The Wollongong Day Surgery is an outpatient surgery centre which covers a wide range of surgical specialities, offering privatised health services, easing the pressure on both the Wollongong Public and Private Hospitals by providing another option for surgical procedures within the precinct.

The surgery comprises of a single building which presents a lower scale to Crown Street with a larger four (4) storey form within the site and as it presents to Urunga Parade. Vehicle access to the site is provided from all street frontages, however, access off Crown Street is limited to an exit point only.

Photographs of Wollongong Day Surgery are provided at **Figure 23** and **24** overpage.



Figure 23 Wollongong Day Surgery, as viewed from Crown Street.



Figure 24 Wollongong Day Surgery, as viewed from Urunga Parade.

3. Proposed Development

3.1 DESCRIPTION OF THE PROPOSAL

The proposed development includes lot consolidation, demolition of five dwellings, excavation, construction of a new twelve (12) storey western wing to the existing hospital, extension of the existing basement levels and an additional three (3) basement levels for parking and a new radiation oncology, and retention of two existing buildings, including the existing heritage item on the site, to be leased to the Illawarra Aboriginal Medical Service (IAMS) for medical use. The proposed alterations and additions will result in an additional Gross Floor Area (GFA) of 20,981m² with the provision of 278 additional parking spaces.

The extension will consist of a new emergency department, satellite imaging, radiation oncology, additional patient units, expanded intensive care unit, operating theatres, recovery and central sterile supply department, meeting-conference spaces, tenancies with waiting rooms and amenities, offices and administration areas, plant and servicing areas. Furthermore, the proposal will provide medical accommodation at the upper levels of the expansion.

The proposal will largely retain the form and internal layout of the existing hospital building including an existing radiology, pharmacy, café, kitchen and store, day surgery, oncology, in-patient units, cath lab, tenancies, administration and plant room.

The proposal will also provide new vehicular access from Urunga Parade with one entry lane and two exit lanes off each street. Existing access from Crown Street will be maintained and lead to the ground level consisting of an ambulance bay, doctors parking and a public emergency drop off area exclusively for the Emergency Department only near the main entry lobby, which is to be retained as existing. The access from Urunga Parade will lead to the basement parking levels with drop off area for hospital patients and visitors and doctors parking and loading dock with turntable.

The proposal will also provide considerable landscaping cross the site and provide opportunities for public artwork.

Notably, the heritage building at No. 366 Crown Street and the existing building at No. 368 Crown Street will both be retained and existing uses as medical tenancies maintained and leased to IAMS. Specifically, the tenancy at No. 366 will be utilised as a birthing centre or mums and bubs clinic and will serve as a safe and nurturing space for mothers and their babies. Here, women will connect with the hospital before giving birth, strengthening relationships between services and ensuring they feel supported, culturally safe and cared for throughout their journey. The tenancy at No. 368 will be utilised as a health clinic, providing accessible health care for the Indigenous community, staffed by GPs and nurses. The clinic will help ease the pressure on the hospital's emergency department while promoting wellbeing close to home. No changes are proposed to the existing buildings, however, landscaping and parking design will be enhanced which will improve upon the existing arrangements and ensure the sites are well-integrated with the hospital development. Notably, the proposed landscape design takes cues from Indigenous culture and past times so that the design itself tells a story of connection to country, symbolic of life, renewal and continuity.

A description of the proposed works at each floor is provided at **Table 9** below. The proposal is shown in detail on the Architectural Plans prepared by CM+ and HPI and included at Appendix 8.



Table 9 Description of the Proposed Works

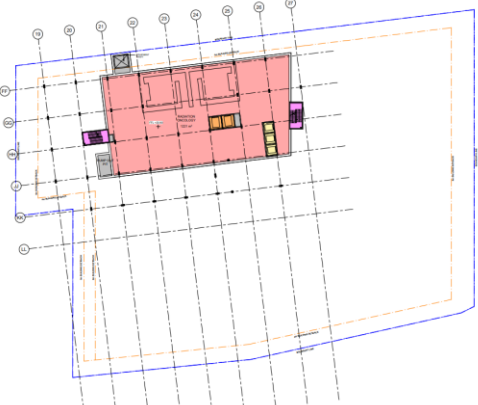

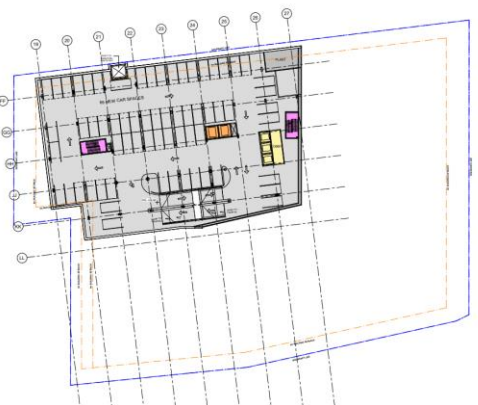
Floor	Proposed Works	Plan
<p><i>Basement Level</i> 6</p>	<ul style="list-style-type: none"> • New Basement Level 6 • New radiation oncology centre • New equipment shaft • Lift and stair access to the levels above 	
<p><i>Basement Level</i> 5</p>	<ul style="list-style-type: none"> • New Basement Level 5 • Provision of 68 new parking spaces • Lift and stair access to the levels above and below • Lift lobby • Plant room 	
<p><i>Basement Level</i> 4</p>	<ul style="list-style-type: none"> • New Basement Level 4 • Provision of 65 new parking spaces • Lift and stair access to the levels above and below • Lift lobby • Plant room 	



Table 9 Description of the Proposed Works

- Basement Level 3*
- Extension to the existing Basement Level 3
 - Provision of 67 new parking spaces
 - Lift and stair access to the levels above and below
 - Lift lobby
 - Plant room



- Basement Level 2*
- Extension to the existing Basement Level 2
 - Provision of 67 new parking spaces and 25 new motorcycle parking spaces
 - Lift and stair access to the levels above and below
 - Lift lobby
 - Plant room



- Basement Level 1/Lower Ground*
- New driveway from Urunga Parade providing direct access to the existing basement parking levels
 - New western wing comprising:
 - New bin room and locking dock with turntable;
 - New electrical substation, switch and coms room, clears room and fire control
 - New services corridor with end of trip bike room
 - New hospital lobby to Urunga Parade;
 - New Medi hotel concierge/lobby and support room;
 - Storage; and
 - Landscaping and public domain works along Urunga Parade.
 - Retention of existing hospital building with bicycle room and end of trip facilities



Table 9 Description of the Proposed Works

Ground Floor

- New western wing comprising:
 - Emergency department;
 - Satellite imaging;
 - Service corridor and lift lobby;
 - Plantroom;
 - Connection to existing hospital; and
 - Bathroom facilities.
- Retention of existing dwellings at No. 366 and 368 Crown Street for use by IAMS as medical tenancies with landscape and driveway improvements
- Retention of existing hospital building including loading dock
- New ambulance bay and doctors parking area
- New hospital drop-off zone with drop off bays and two accessible parking spots



Level 1

- New western wing comprising:
 - Operating theatre expansion;
 - ICU support;
 - Recovery beds;
 - Service lobby and lifts
- Retention of existing hospital building with alterations and additions to provide an ICU expansion, reception and waiting area



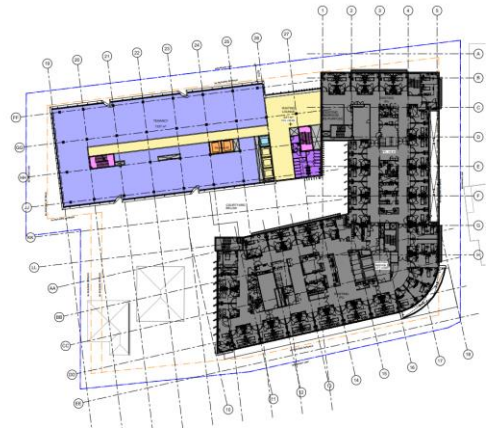
Level 2

- New western wing comprising:
 - Hospital Support;
 - CSSD;
 - Plantroom;
 - Access corridor and lift lobby; and
 - Landscaped non-trafficable terrace.
- Retention of existing hospital building



Table 9 Description of the Proposed Works

- Level 3*
- New western wing comprising:
 - Medical tenancies;
 - Access corridor, waiting lounge and lift lobby; and
 - Bathroom amenities.
 - Retention of existing hospital building.



- Level 4*
- New western wing comprising:
 - Medical tenancies;
 - Access corridor, waiting lounge and lift lobby; and
 - Bathroom amenities.
 - Retention of existing hospital building.

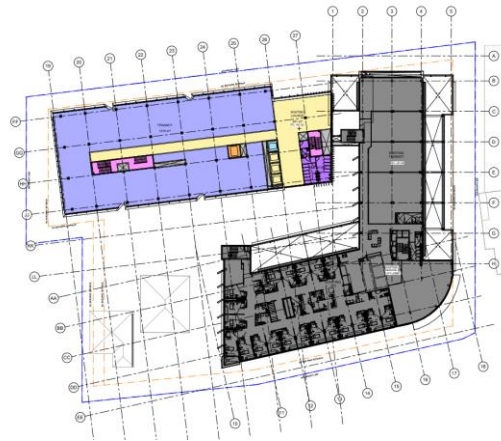


- Level 5*
- New western wing comprising:
 - Medical tenancies;
 - Access corridor, waiting lounge and lift lobby; and
 - Bathroom amenities.
 - Retention of existing hospital building.

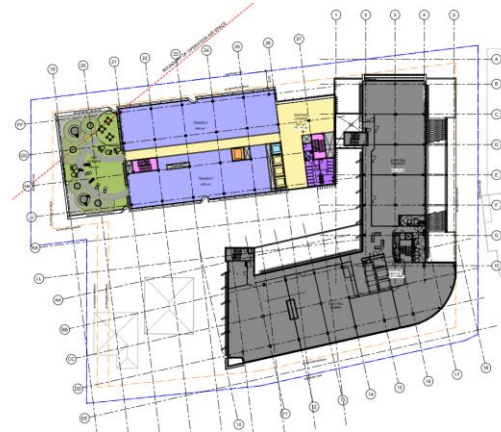


Table 9 Description of the Proposed Works

- Level 6*
- New western wing comprising:
 - Medical tenancies;
 - Access corridor, waiting lounge and lift lobby; and
 - Bathroom amenities.
 - Retention of existing hospital building.



- Level 7*
- New western wing comprising:
 - Medical tenancies;
 - Access corridor, waiting lounge and lift lobby;
 - Sky garden; and
 - Bathroom amenities.
 - Retention of existing hospital building.



- Level 8*
- New western wing comprising:
 - Medical tenancies;
 - Access corridor, waiting lounge and lift lobby; and
 - Bathroom amenities.
 - Retention of existing hospital building.



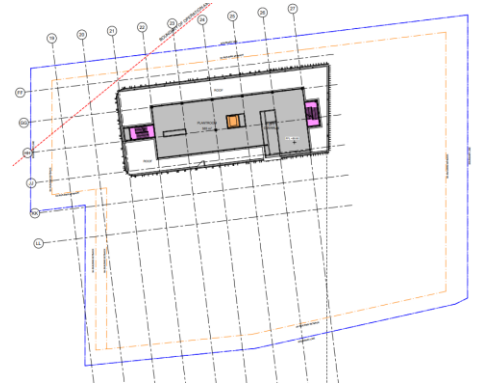
Table 9 Description of the Proposed Works

- Level 9-11**
- New western wing comprising:
 - Medi-hotel with 24 studios, including an accessible studio with ensuite;
 - Lobby and access corridors;
 - Private lift access;
 - Fire stairs; and
 - Storage.



[Typical Drawing – See Architectural Set for individual drawings]

- Level 12**
- New plantroom; and
 - Fire stairs.



3.1.1 Key Data

A summary of the key numerical data of the proposed development is provided in **Table 10** below. Importantly, data shown in the ‘proposed development’ column below is not in addition to the existing development, but instead represents the new total for that project element, inclusive of those aspects of the existing development to be retained.

Table 10 Key Development Data

Project Element	Control	Existing Development	Proposed Development	Variation
Site area	-	4,986m ²	9,399m ²	-
Total GFA	-	18,078m ²	39,060m ²	-
Floor Space Ratio (WLEP2009 Cl 4.4)	3:1	3.63:1	4.16:1	10,864m ² or 38.5%
Building Height (WLEP2009 Cl 4.3)	32m	36.5m	48.8m to the parapet 51.2m to the roof plant	Yes, maximum variation of 19.2m or 60%



Table 10 Key Development Data				
<i>Deep Soil Landscaping</i>	-	85m ²	844m ²	-
<i>No. of Storeys</i>	-	Nine (9)	Twelve (12)	-
<i>Basement Levels</i>	-	Three (3)	Six (6)	-
<i>Parking Spaces</i>	-	300	578 spaces, including existing and proposed	-
<i>Motorcycle Spaces</i>	-	-	25	-
<i>Bicycle Spaces</i>	-	-	52	-
<i>Cost Estimate</i>	-	-	\$127,958,872 excl GST	-
<i>Construction Jobs</i>	-	-	149 full-time equivalent (FTE) jobs per annum 187 production induced indirect FTE jobs per annum 208 consumption induced indirect FTE jobs per annum	-
<i>Operational Jobs</i>	-	-	275-320 direct FTE jobs on site 50-58 production induced indirect FTE jobs 220-260 consumption induced FTE jobs elsewhere in the economy	-

3.2 BUILT FORM AND DESIGN

3.2.1 Demolition

The proposal necessitates the demolition of the five (5) existing buildings at No. 15-23 Urunga Parade on the site to facilitate the proposed development.

3.2.2 Earthworks

The proposal includes excavation and construction of three (3) new levels of basement parking, as well as extension of the three (3) existing levels of basement parking. The lowest basement, Basement Level 6, will comprise of the new radiation oncology and sit at RL20.90. Construction of the basement will require excavation depths in the range of 18m to 23.5m for the lowest basement level. In accordance with the recommendations within the Report on Hydrogeological Investigation prepared by Douglas Partners (Appendix 27), the proposed basements will be a permanently drained basement to ensure there will be minimal impacts on surrounding groundwater systems and property.



3.2.3 Tree and Vegetation Clearing

The proposed development will involve the removal of nine (9) existing trees within the site. These trees are not mature or significant trees, and the proposed removal is considered to be well justified.

3.2.4 Built Form

The proposal will deliver a high quality built form with an external appearance that makes a positive contribution to the streetscape and to the overall character of development within the locality. The proposal seeks to demolish existing structures and dwellings on the site to facilitate the construction of a new western wing to the existing hospital. The new wing of the hospital will reach twelve (12) storeys in height, sitting at a height and scale that is sympathetic to the existing nine (9) storey hospital on the site.

As detailed above, the new wing will complement the existing hospital, largely retaining the existing hospital spaces and providing a new western wing with additional medical floor space. The lower levels of the expansion will provide a new emergency department, operating theatre expansion, ICU support expansion and additional hospital support, as well as a radiation oncology at Basement Level 6. The new wing will provide eight (8) levels of medical tenancies which will be utilised for a variety of health services and procedures. At the upper levels of the expansion a Medi-hotel is proposed offering 72 studio rooms across three (3) levels.

The proposal also seeks to retain the existing buildings at No. 366 and 368 Crown Street for use as medical tenancies to provide additional medical support on the site. In doing so, the proposal not only retains a heritage item of local significance but also creates a suitable transition and visual buffer between the R2 zone and the hospital site.

The proposed built form has been carefully considered and designed to complement the existing hospital on the site and to ensure when complete the overall development expresses a cohesive and consistent character which aligns with the emerging character of the health precinct. The western wing sits at a height which is appropriate for the context of the locality, specifically with regard to the Wollongong Public Hospital, and appropriate for the strategic vision and demand for increased health services within the precinct. The scale of the proposal is mitigated through the recessive design of the upper storeys which successfully mitigates the visual bulk of the expansion, particularly when viewed from the adjoining residential zone.

Internally, the built form has been designed to ensure safe and efficient operations of the hospital, particularly with regard to how the existing floor space connects with the new western wing.

3.2.5 Materials and Finishes

The building has high quality finishes and attention to detail that will set a design benchmark and desirable precedent for future nearby developments.

A simple palette of materials and architectural language gives definition to each part of the building while ensuring that the development has a unifying character.

The colour palette has been developed to consider the existing ambiance of the Wollongong built environment particularly the warm colours, as seen in the brick and terracotta roofs within the surrounding locality. These colours have been brought into the finishes selection.

The proposal incorporates a brick façade to the podium which will sit at height of the tree line to ensure a sympathetic presentation to adjacent lower density residential development. An aluminium profiled frame with alternating glazing and mullions is proposed within the middle plane of the building to break the mass and create a visually slim and transparent form. At the upper, recessed levels, the proposal includes aluminium vertical fins with glazing and spandrels which will complement the lower levels whilst also differentiate the building top.

Furthermore, the existing heritage building and fabric will be restored with the guidance of the heritage architect.

Details of materials and finishes are provided in the Architectural Plans and Design Report prepared by CM+ and HPI at Appendix 8 and 9, respectively.

3.2.6 Connection to Country and Art

The proposal has embedded a strong connection to country through the proposed uses and well as the design considerations, particularly with regard to art.

As detailed within the Design Report prepared by CM+ and HPI at Appendix 9, a narrative of the creation of an art and healing pathway has led the architectural design, particularly with regard to the pedestrian connections and landscape design. An extract from the Design Report is provided below:

The Mum's and Bubs Clinic - One of the dwellings will serve as a safe and nurturing space for mothers and their babies. Here, women will connect with the hospital before giving birth, strengthening relationships between services and ensuring they feel supported, culturally safe, and cared for throughout their journey.

The Walk-In Health Clinic - The second dwelling will operate as a walk-in clinic, providing accessible healthcare for the community. Staffed by GPs and nurses, it will help ease the pressure on the hospital's emergency department while promoting wellbeing close to home.

The River Pathway and Wall Mural - Flowing between the two dwellings and towards the hospital, the artwork continues as a river a visual thread of connection, healing, and unity. The large mural on the wall represents our traditional ancestors through symbolic imagery. At its heart lies a central meeting circle a place for all to come together in unity, to share knowledge, and to provide care for the whole community.

The dot work within the design represents ochre, drawn from Mother Earth. Ochre has long been used in sacred ceremonies for healing and connection, linking us to our old ways and ancestors.

Traditional and Modern Healing - Throughout the design, representations of traditional medicine plants weave between the two dwellings and the hospital. These symbols reflect the harmony between traditional healing practices and modern medicine working together to heal the community and achieve the best possible outcomes for all.

Message of the Artwork - This space stands as a meeting place a circle of life, care, and unity where culture and medicine come together, grounded in Country and guided by the strength of our ancestors.

Importantly, the Applicant has engaged with both Artefact and IAMS throughout the detailed design of the development to ensure a strong and meaningful connection to country is achieved within the proposed uses and architectural design.

3.2.7 Landscaping

The future landscaping of the site has been informed by the site analysis plan, civil works, retention of vegetation and operational requirements of the development. Full details of the landscaping scheme are provided with the Landscape Plan and Specification prepared by Site Design + Studio and provided in Appendix 17. Importantly, the landscape design has been prepared in consultation with stakeholders of Illawarra Aboriginal Medical Services, to incorporate a sense of connection to land and country within the landscape setting.

The proposed landscaping has been designed to facilitate pedestrian movement throughout the site and incorporates varied landscaping spaces offering moments of refuge and insular gathering.



The landscape plan provides details of the lower ground landscaping located along the western side boundary in the form of deep soil planting and northern secondary frontage to Urunga Parade in the form of planters. Notably, the landscaping opportunities along Urunga Parade have been maximised where possible, around the various pedestrian and vehicle egress points, with the proposed planters accommodating palms, bushes and groundcovers to soften the frontage and the proposed built form. Landscaping along the western boundary is densely planted including small and medium sized trees to provide screening to the residential development to the west of the site.

At ground level, additional landscaping is proposed around the curtilage of the heritage house to complement the proposed medical uses by IAMS. Notably, the proposed landscape design around the two dwellings, which are to be used by IAMS for health services to the Aboriginal community, has been informed by consultation with IAMS specifically with regard to species and the inclusion of medicinal plants common to their heritage. Moreover, the existing trees within the frontage to Crown Street will be retained and protected to maintain the existing landscape character on the site.

The proposed 'hospital street' which connects the new western wing and the existing hospital building together whilst also offering a pedestrian connection between Crown Street and Urunga Parade, has been designed with country in mind. Indeed, floor and wall art will line the corridor, offering a sense of country and a cultural connection to land to a space which will physically connect to major streets.

On Level 2, a landscaped courtyard is proposed with a decorative pebble design inspired by Aboriginal art. The courtyard has been planted with native and indigenous plant species.

On Level 7, a 'sky garden' is proposed that similarly demonstrates a strong connection to country through design and planting. The garden design reflects the same circular design, common amongst Aboriginal art design, and comprises a combination of plant species within planters. The space provides an astro turf, wooden decking, pebbles and pavers to create a natural breakout space for staff and patients to enjoy. Shrubs are located along the length of the eastern boundary to provide screening to the adjoining tenancies, whilst the location of planters within the sky garden assist with screening to the western boundary. Outdoor furniture is proposed including pod seating and sun lounges. The above ground landscaping areas will provide recreation areas with high amenity for passive and active use by staff and patients.

Overall, the proposed landscape design takes its cues from Indigenous culture and history to tell a narrative of both art and healing through the use of planting, pathways and other landscape features. The proposed design tells the story of connection to connection throughout water by providing footpath connections which are symbolic of a flowing river, and sacred watering holes, which are critical to life, health and renewal. Indeed, since the beginning of time, many Aboriginal women have given birth at sacred water sites on Country since water is life, sustaining, healing and connecting us all. The presence and symbolism of water within the artwork and landscape arrangement represents the unbroken flow of culture, strength and wellbeing through generations, who will be able to enjoy this land.

3.2.8 Access and Parking

The proposal will maintain the existing main lobby and vehicular access driveways from Crown Street, however, the proposed expansion seeks to redirect the bulk of vehicular and pedestrian traffic into the site via Urunga Parade, being the lower order road.

Indeed, whilst the existing vehicular access from Crown Street will be maintained, it will be exclusively for emergency services and emergency drop off with the existing traffic light pedestrian crossing at the Crown Street entrance retained. For the majority of the public entering the site they will do so via the new vehicular access proposed from Urunga Parade with one entry lane and two exit lanes off each street. The access from Urunga Parade will lead to the basement parking levels with drop off area for hospital patients and visitors and doctors parking and loading dock with turntable.



The proposal will extend the three (3) existing basement levels and provide an additional two (2) basement levels for parking below the new western wing only. The proposal will increase the existing parking provision by 278 to provide a total of 578 parking spaces, alongside 25 motorcycle spaces. Bicycle parking is also provided throughout the site, predominately at the ground and lower ground floor levels.

With regard to pedestrian access, the proposal seeks to enhance access and connection through the site with a new 'hospital street' proposed connecting the existing pedestrian entry from Crown Street with the new pedestrian entry off Urunga Parade. The new access of Urunga Parade provides both ramp and stair pathways to ensure both accessible and direct entries are available.

Furthermore, it is noted that there is an absence of a pedestrian footpath along the south side of Urunga Parade. The proposed development will provide new pedestrian footpath infrastructure along the site frontage along Urunga Parade, which would contribute to improving the pedestrian amenity at Urunga Parade in line with the objectives of the Precinct Strategy.

3.2.9 Stormwater

SSD-84096206 is accompanied by an Integrated Water Management Plan (Appendix 28) and accompanying Civil Engineering Plans (Appendix 28) prepared by Henry & Hymas Consulting Engineers.

As detailed within the Integrated Water Management Plan the proposed development will drain to Crown Street and Urunga Parade. Discharge to Crown Street will be via existing kerb outlets, and discharge to Urunga Parade will via two OSD tanks to two proposed kerb outlet pipes.

The Integrated Water Management Plan addresses Item 14 and 15 of the SEARs in relation to stormwater management. Notably, the Report states that consultation with Wollongong Council indicates that current flood maps do not show that any part of the site is located within a flood planning area and is not subjected to flood related development controls.

3.2.10 Construction Details

A detailed Construction Traffic Management Plan (CTMP) prepared by TTPP is at Appendix 22. The CTMP describes how the project management team shall implement site management responsibilities during both the demolition and construction phases of the redevelopment of the site. The CTMP provides measures to minimise the overall impact of the construction activity on the surrounding road network.

The CTMP presents details of the proposed construction methodology including information on hours of construction, roles and responsibilities, construction methodology, site access arrangement, details on construction vehicles, vehicle route plan and construction traffic activity.

The construction hours will be as follows:

- Monday to Friday: 7:00am to 5:00pm
- Saturdays: 8:00am to 1:00pm
- No work on Sunday and Public Holidays

During the structural and fitout and finish stages, a construction works zone will be established along the Urunga Parade site frontage to facilitate the construction works. The length of the works zone would need to sufficiently accommodate vehicles up to 12.5m HRVs and as such will require temporary removal of some 4 on-street parking spaces on the south side of Urunga Parade. These on-street parking spaces are two-hour time restricted during the daytime and are typically used by visitors of the local residents and the hospital. It is expected that this car parking demand could be

accommodated at the nearby time-restricted on-street parking as well as the multi-deck car park building off Dudley Street.

A separate permit approval will be managed with Council for the proposed works zone and associated on-street parking removal.

3.2.11 Operational Details

The Wollongong Private Hospital is operated by Ramsay Health Care, who will continue to operate the hospital following the proposed expansion.

The existing hospital offers a full range of medical, surgical, and maternity services, the 171-bed hospital boasts high quality facilities, including an intensive care unit, ten operating theatres, cardiac and vascular laboratories and an endoscopy suite. The private hospital also provides comprehensive diagnostic facilities and medical consulting suites. Currently, the private hospital's specialities are:

- Cardiology;
- Orthopaedics;
- Obstetrics;
- Urology;
- Neurosurgery;
- Maternity;
- Day surgery;
- Oncology; and
- General surgery.

As demand for health care services continues to expand in the local and wider community, the proposed expansion will provide a brand new emergency department and additional operational capacity with various function areas and medical tenancies for the hospital to provide general and specialised services.

The proposed development seeks to expand upon the existing operations to provide the following:

- New lobby and various support and amenities on lower ground;
- New emergency department (ED) with new drop-off point, entry, ambulance bay, satellite imaging and a café on ground level;
- Expanded operating theatre with a new reception, additional recovery ward and ICU support on L1;
- Expanded CSSD and hospital support on L2;
- A total of 7,160 sqm of medical tenancy space across L3-L8;
- A new sky garden on L7;
- A 3-level Medi Hotel on L9-L11, totalling 72 keys;
- Radiation oncology on B6; and
- Additional 278 basement carparking spaces on ground floor to B5.

The proposal expansion is also anticipated to free up spaces to accommodate an addition of 90 to up to 100 overnight beds as per required by the hospital, either in the new expanded space or in the freed-up space of the existing hospital.

Details of the proposed Wollongong Private Hospital operations is provided in **Table 11** below.

Table 11 Operational Details	
Project Element	Proposed
Hours of Operation	Hospital: 24 hours, 7 days a week

Table 11 Operational Details

	Day Oncology: 6.00am to 9.00pm, Monday to Friday Medical Tenancies: 6.00am to 10.00pm, Monday to Saturday Medi-hotel (reception); 24 hours, 7 days a week Hospital Visiting Hours: 8.00am to 8.00pm, 7 days a week
<i>Number of Beds</i>	171 existing + approximately 90-100 more
<i>Construction Jobs</i>	149 full-time equivalent (FTE) jobs per annum 187 production induced indirect FTE jobs per annum 208 consumption induced indirect FTE jobs per annum
<i>Operational Jobs</i>	275-320 direct FTE jobs on site 50-58 production induced indirect FTE jobs 220-260 consumption induced FTE jobs elsewhere in the economy

3.2.12 Medi-Hotel

As detailed in **Table 11** above, the medi-hotel will operate from 6.00am to 10.00pm Monday to Saturday, noting that the core trading hours of each tenancy would likely be from 8.00am to 6.00pm. The hotel will be available to hospital visitors, patients, associated healthcare workers and consultants. The hotel will support the hospital, its patients and workers.

Importantly, the hotel would have a significant benefit to those patients who have been treated by the hospital but are not ready to return home to care for themselves, particularly more elderly patients who may live alone. This service would allow those patients to remain within close proximity to medical care without impacting hospital bed availability and without risking further sickness or injury resulting from returning home too soon without the proper support.

3.2.13 No. 366 & 368 Crown Street

As previously stated, the heritage building at No. 366 Crown Street and the existing building at No. 368 Crown Street will both be retained and existing uses as medical tenancies maintained and leased to IAMS. Specifically, the tenancy at No. 366 will be utilised as a birthing centre or mums and bubs clinic and will serve as a safe and nurturing space for mothers and their babies. Here, women will connect with the hospital before giving birth, strengthening relationships between services and ensuring they feel supported, culturally safe and cared for throughout their journey. The tenancy at No. 368 will be utilised as a health clinic, providing accessible health care for the Indigenous community, staffed by GPs and nurses. The clinic will help ease the pressure on the hospital's emergency department while promoting wellbeing close to home. No changes are proposed to the existing buildings, however, landscaping and parking design will be enhanced which will improve upon the existing arrangements and ensure the sites are well-integrated with the hospital development. Notably, the proposed landscape design takes cues from Indigenous culture and past times so that it the design itself tells a storey of connection to country, symbolic of life, renewal and continuity.

Importantly, these building, as existing, are utilised as medical tenancies in accordance with the following approvals:

- DA89/894 was approved on 20 October 1989 for the change of classification from office to medical specialist room with two (2) surgeons at No. 366 Crown Street; and
- D77/77 was approved on 17 April 1977 for the use of the dwelling for specialist consultants rooms with two specialists at No. 368 Crown Street.

The subject buildings have continually maintained the approved use as medical specialists, more commonly known now as health consulting rooms, and the proposal seeks to retain these uses and lease the buildings to IAMS.

3.2.14 Waste Management

Details of waste management during the construction and operational phases are provided within the Waste Management Plan (Appendix 30) prepared by MRA Consulting Group.

For operational waste management, the site maintains existing waste management methods which will be incorporated into the expanded management system for the proposal. It is expected that existing waste management systems can be adapted by increasing the number or size of bins, and/or increasing the frequency of collection to accommodate the additional waste generated by the proposed hospital expansion.

For interim waste disposal, waste bags will be used where applicable for the storage of general waste and clinical waste prior to disposal in mobile garbage bags (MGBs) stored in disposal rooms for transfer and servicing from the main building and back of house (BOH) area for servicing.

Interim disposal rooms are strategically located across floors for the disposal of waste from each department and the hospital as a whole. Interim disposal rooms will be used to store waste prior to its transfer to the main waste storage and loading area, located on the ground with access from Urunga Parade.

The consolidated waste storage area is located on the ground floor of the development, divided into two sections to facilitate efficient collection and safe handling. Both waste rooms are capable of storing the required waste management and have a total area of 87m². A 163m² loading dock has been provided to enable safe and efficient waste collection.

In general, the flow of waste management at the site is as follows:

- Generation by department
- Storage of general waste and recyclables in under-desk bins and deposited in disposal room available on each level.
- Disposal room bins monitored by site cleaning and maintenance services and removed to the main waste disposal room on the ground floor, near the services loading dock.
- Once bins are emptied by the collection contractor or decanted into larger bins for collection at the BOH loading dock, bins to be returned to the relevant Disposal Room on each floor of the development.
- Bin washing and maintenance to occur within the provided area of the ground floor waste disposal room.

The waste collection service for the development will be provided by a private contractor whereby a medium rigid vehicle (MRV) waste truck will enter the site from Urunga Parade in a forward direction to the loading dock. The loading dock contains a turntable which will allow the MRV to exit the site in a forward direction.

3.2.15 Sustainability

An Ecologically Sustainable Development (ESD) report has been prepared by Stantec and is provided at Appendix 18. The ESD Report provides an overview of the sustainability drivers for the project (both regulatory and identified project drivers) and undertakes an assessment of the energy and water uses and proposed measures to ensure energy and water efficiency. The report includes detail regarding specific ESD initiatives which are to be targeted throughout all phases of the project and provides a comparison of the project's ESD principles and how they have been considered in line with the Green Star Buildings.

Notably, and as detailed in the ESD Report, the project is voluntarily electing to benchmark itself against a sustainability framework which reflects 'national best practice sustainable building principles' as a minimum performance requirement. This project is looking to mirror the benchmark for similar projects by Health Infrastructure New South Wales (HI NSW). HI NSW requires a self-assessed target of a 5 Star Green Star rating for health projects in



Wollongong. A 5 Star rated building demonstrates Australian Excellence by being a high environmental performer that addresses social issues relevant to the building owner.

A self-assessed target of 5 Star Green Star Buildings v1 rating will be used as a design guideline. No formal rating will be pursued.

Refer to the ESD Report for further details on the ESD measures which have or will be implemented.

The development will result in separation of waste streams to minimise the amount of waste sent to landfill and maximise recycling of materials.

A Green Travel Plan has also been prepared by TTPP for the proposed development and is provided at Appendix 23.

3.2.16 Infrastructure Upgrades

All necessary services and utilities are available for the proposed development (subject to some upgrades) as detailed within the Infrastructure Management Plan prepared by DSA Consulting at Appendix 34.

3.2.17 Staging

Whilst the construction will occur in working stages in accordance the construction methodology, SSD-84096206 is not a 'staged' application.

3.3 PROJECT NEED

The Project has been developed in response to population growth in the region and resultant strain on existing health infrastructure. As documented in the Wollongong Health Precinct Strategy, there is significant population growth intended for the Wollongong region over the next 25 years, and as expected, this growth is projected to increase the demand for health services and support, particularly within the Wollongong health precinct which includes Wollongong Private Hospital. The forecast population growth as well as the changing needs for different and new health services, will significantly increase the pressure on the precinct to provide additional and enhanced health infrastructure to meet the growing needs of the community. This is particularly crucial given the increase in the number of Australians now covered by private health insurance and therefore electing to seek private health care in hospitals. Wollongong Private Hospital plays a vital role in supporting the function of Wollongong Public Hospital whilst also providing a variety of medical specialities and surgical treatment. Notably, the vision for the precinct, as set out in the draft strategy, is for both the public and private hospitals to expand in response to the need for additional health care and services that are strategically co-located in an area that has been planned for such uses.

The project need is also addressed in the Economic Impact Assessment (EIA) prepared by MacroPlan and provided at Appendix 37. As detailed in the EIA, there is a gap between the number of hospital beds required and provided within the Illawarra Health precinct, with a shortfall of approximately 112 private hospital beds as of 2021. The proposal seeks to directly address this need by providing an additional 90-100 beds within the hospital as a direct result of the expansion.

Beyond the need for expansion due to a growing population, there is equally a need for updated and improved technologies, equipment and opportunities for treatment, research and education. Furthermore, with the anticipated increase in population growth, and the follow on effect for demand on private surgeries and treatments, additional medical floor space is required. Indeed, the Wollongong Health Precinct Strategy acknowledges the growing Wollongong population and encourages growth in private health services to support the community as it grows and ages.



With regard to the Medi-hotel, there is nothing like this available within the locality and therefore there is considered to be a need for this type of accommodation, particularly when considering the characterisation of NSW as an ageing population. The Medi-hotel would provide much needed accommodation for those patients who aren't quite ready to transition back to their own households, and instead would prefer to be close to health services in the event that they required immediate medical support.

Furthermore, the proposal makes a direct and meaningful contribution to the Indigenous community through the provision of health services and facilities for Aboriginal men, women and families, fostering a strong connection between culture and medicine. Importantly, increasing access to medical support aligns with the strategic directions for the district, and overall has a significant positive social impact for this Indigenous community.

3.4 CUMULATIVE IMPACTS

The technical studies and reports accompanying the EIS have assessed cumulative impacts within the context of the proposal and the surrounding locality, where relevant. Furthermore, the impacts of the proposed development are assessed in detail at Section 6 of this EIS.

Overall, the cumulative impacts of the proposal have been assessed in relation to:

- **Overshadowing:** The proposal continues to maintain appropriate levels of solar access to surrounding properties in accordance with the applicable controls. Existing shadows cast by surrounding development have been considered in the assessment of shadows cast by the proposal to ensure the overall shadow impacts are presented to understand the future context and amenity of the locality.
- **Visual Impact:** The proposal provides a bulk and scale of development which is reasonably anticipated and accepted within the precinct given the existing hospital buildings. Whilst the proposal will increase the scale of the development on the site, the visual bulk of the development is mitigated by the design and siting of built form. When viewed from the streetscape, the cumulative impact of the development on the streetscape is to be reasonably anticipated, particularly as a result of the recessed upper levels of the new wing and the retention of the existing buildings at No. 366 and 368. The visual impact to the streetscapes are considered compatible with the presence of heritage items on the site and in the locality.
- **Traffic:** The Traffic Impact Assessment assesses the impacts of the additional traffic and parking from the proposal on the surrounding road and pedestrian network. The Report finds that the proposal will have acceptable impacts with regard to traffic and parking and safe pedestrian movement.
- **Economic/Social:** The Economic Impact Assessment and Social Impact Assessment assess the impacts of the development within the precinct and wider NSW. The proposal will increase the provision of private hospital beds and medical floor space whilst increasing the offering of enhanced treatments and surgeries. The proposal will increase the number of direct and indirect jobs produced by the hospital use.

3.5 CONSIDERATION OF ALTERNATIVES

Section 192(c) of the *Environmental Planning and Assessment Regulation 2021* requires an analysis of any feasible alternatives to the Project, including the consequences of not carrying out the development. Options are listed and discussed in Table 12 below.

Importantly, the purpose of the proposed development is to allow the expansion of the existing Wollongong Private Hospital, as envisaged by the strategic direction for the Wollongong Health Precinct, in order to facilitate an increase in the amount of healthcare services and support provided within the district to meet the growing needs. The proposal will provide a reasonable expansion of the existing hospital that is proportionate to the needs identified and the suitability and capacity of the site to accommodate such an increase. Notwithstanding this, the proposed expansion has been designed to allow for the existing hospital to continue operations whilst construction is taking place with minimal impact

to operations, and will have minimal environmental impacts on the surrounding locality during construction and after completion. Overall, the proposal is compatible with surrounding development and the local context, and is considered to be the most suitable option for the redevelopment of the site, as determined after considering the options discussed below.

Table 12 Consideration of Development Options

Option	Assessment
Option 1 – Do Nothing	<p>This option was dismissed as the objectives of the project and the need for the proposal would not be met, including the objective of creating an essential and improved health precinct as outlined in the Wollongong Health Precinct Strategy.</p> <p>If the proposal did not proceed on the site, Wollongong Private hospital would not be able to cater to the growing demand within the region as a result of population growth. This would result in the community becoming dependent on health services in Sydney which will place further strain on the health system.</p>
Option 2 – Alternative Location	<p>Consideration was given to the carrying out of the development on alternative sites. The subject site has the most beneficial outcome given the existing Wollongong Private Hospital is located on this land, the site is specifically zoned for special use for a hospital and the site is located within the Wollongong Health Precinct, where the strategic vision is to co-locate health services to ensure support and mutual reliance to enhance the overall medical offering and support for the district. More detailed reasons as to why an alternate site would not be suitable are provided below:</p> <ul style="list-style-type: none"> • The site is currently in the ownership of the applicant and has been since prior to 2016 when Wollongong Private Hospital first opened. • By co-locating with the existing Private Hospital, as well as in close proximity to the Wollongong Public Hospital, it allow for synergies and efficiencies for service offering. • From an economic and social standpoint, it is typically (and in this case) more beneficial to upgrade an existing hospital rather than develop a new hospital at a separate location. • Unavailability of alternative sites with favourable land use zoning, compatible neighbouring uses, large size, absence of existing built assets, availability of utilities and connections and located within an accessible area. • The site is suitably located with respect to sensitive land uses, including residential development. • All potential environmental impacts of the proposal can be suitably mitigated within the site. • The proximity to the regional road network provides efficient connection to the broader regional area and Sydney. • The proposal will be supported by a readily available pool of staff and skills for both the construction and operational phases. • Suitable land size and available infrastructure and utilities to cater for the proposed development and operation. • The proposal does not adversely affect any area of heritage, ecological or archaeological significance. • The proposal can be developed with appropriate visual amenity achieved given its surrounding context.
Option 3 – Alternative Design or Layout	<p>The configuration of the proposal takes into account the former reasons for refusal under SSD-30240120 and LEC case number 2023/00167116. This is outlined in Section 2.2.3 of this EIS. As explained in Section 6, the design and layout has thoroughly considered the sites existing characteristics and setting and compatibility with neighbouring residential dwellings.</p> <p>Alternative designs and layouts could:</p> <p>(i) Spread the development footprint over the entire site to remove the building height non-compliance. This would result in the existing heritage dwelling being demolished and compromise the amenity of neighbouring residential development along the western interface. It is considered that the height variation, which is well setback from the adjoining residential</p>

Table 12 Consideration of Development Options

boundary, is a far better outcome than the extension of the building footprint and increase in site coverage, which would limit landscape opportunities.

(ii) Flip the built form so that the bulk of the building expansion addresses Crown Street and the ambulance and drop off vehicular access and pedestrian access is from Urunga Parade. This would require the demolition of the existing heritage building on the site and would not allow for the same amount of additional medical floor space to be delivered due to the limited area available along the lots fronting Crown Street. In doing so, it would also likely have a greater impact on the existing hospital function during construction.

(iii) Reduce the scale of the expansion to achieve both height and FSR compliance. This is considered to be a disproportionate outcome when considering the benefits of the additional medical floor space, as well as the positive impact the provision of a Medi-hotel would have on the region. Indeed, when considering the benefits of the scale of the expansion against the impacts of the development, the economic and social outcomes will significantly outweigh the impacts. Importantly, the proposal has been designed and sited to minimise environmental impacts on the surrounding properties and the public domain with regard to visual bulk, overshadowing, and traffic.

It is noted that various other configurations could be proposed but, as explained in this section, the building has been well considered to suit the site and satisfied each of the contentions in LEC case number 2023/00167116.

Option 4 – Different Land Use

The subject site contains the existing Wollongong Private Hospital, to which the proposal represents a continuation and expansion of this use. The site is zoned SP1 – Hospital and therefore the permissible land uses under WLEP 2009 are limited. As suggested in the zoning, the site is primarily intended for a hospital land use.

Therefore, the proposed hospital expansion is considered the best land use for the site and to suggest another land use would not align with the strategic or statutory planning for the site.

3.6 SITE ISOLATION



The additional assessment requirements for the issued SEARs requires evidence to demonstrate that SSD-84096206 would not result in the unreasonable isolation of No. 370 Crown Street, having regard to the Land and Environment Court's planning principle regarding site isolation, established in the decision *Karavellas v Sutherland Shire* [2004] NSWLEC 251 (*Karavellas*).

In the absence of any LEP and DCP provisions that apply to the adjoining site at No. 370 Crown Street and regulate site isolation with regard to minimum allotment size or site amalgamation maps, the Planning Principle in *Karavellas* has been considered below.

Karavellas establishes two (2) limbs of consideration as follows:

1. *Firstly, is amalgamation of the sites feasible? (the First Limb); and*
2. *Secondly, can orderly and economic use and development of the separate sites be achieved if amalgamation is not feasible? (the Second Limb).*

Importantly, it is our experience that the first limb of *Karavellas* only applies “where a property will be isolated by a proposed development” (see *Karavellas* at para [18]). Therefore, it is unnecessary for the first limb of consideration to be addressed if a site will not be isolated by a proposed development.



When considering this, it is our position that the proposed development does not isolate No. 370 Crown Street as a result of the proposed design and the context of the site. Indeed, the proposal will retain the single storey dwellings at No. 366 and 368 Crown Street within the development site (to be retained), and therefore when viewed in the streetscape the dwelling at No. 370 will not appear isolated adjacent to a larger scale development but instead will appear consistent with the two (2) adjoining single storey buildings utilised as health consulting rooms.

Furthermore, when assessing whether No. 370 Crown Street will become isolated, it is important to consider the SP1 Special Activities (Hospital) zoning of the site at No. 370 Crown Street and the permissible uses which are as follows:

Advertising structures; Aquaculture; Centre-based child care facilities; Community facilities; Information and education facilities; Recreation areas; Recreation facilities (indoor); Recreation facilities (major); Recreation facilities (outdoor); Respite day care centres; The purpose shown on the Land Zoning Map, including any development that is ordinarily incidental or ancillary to development for that purpose

The relevant SEPP, LEP and DCP do not contain any minimum site area requirements for centre-based child care facilities, recreation facilities (indoor) respite day care centres or health consulting rooms, and therefore there is no reason why the site at No. 370 Crown Street could not accommodate any one of these uses. Importantly, No. 370 Crown Street has an area of approximately 700sqm and a frontage of 16m with an existing vehicular access point off Crown Street. As such, the site is of a size and shape that is more than capable of supporting the variety of permissible land uses.

Furthermore, with regard to whether the site could be developed reasonably in relation to the controls, No. 370 Crown Street is subject to a maximum FSR of 1.5:1 for residential land uses and 3:1 for non-residential uses, and a building height of 32m. Importantly, the uplift to an FSR of 3:1 under Clause 4.4A(2) of the WLEP 2009, specifically applies to a site area of any size and any street frontage.

Therefore, a development for one of the abovementioned non-residential land uses at No. 370 Crown Street could achieve an FSR of up to 3:1 and a height of 32m. Whilst it is acknowledged that this scale of development may not be achievable on the subject site, this is not the test, since reasonable development does not necessarily constitute the maximum permitted development. Indeed, it is important to acknowledge that the height and FSR controls are maximums and not entitlements. This has been clarified in *Statewide Planning Pty Ltd v Canterbury-Bankstown Council [2021] NSWLEC 1210*, where the Senior Commissioner of the Court agreed that not all development needs to be built to the maximum allowable FSR or height. As such, it is reasonable to conclude that a neighbouring site does not need to be able to meet its maximum development potential in order for a development on adjacent land to be permitted, without "isolating" the neighbouring site in a planning context.

Notwithstanding the above, it is also important to acknowledge the context of the site at No. 370 Crown Street. Indeed, No. 370 adjoins a heritage listed tree at No. 372 Crown Street which hangs over the shared side boundary. As such, redevelopment of the site at No. 370 Crown Street to achieve a building height of 32m and an FSR of 3:1 would be made difficult by that tree and therefore isolation of this site, if created at all, could not be solely attributed to the proposed development.

Overall, the proposal is not considered to isolate the site at No. 370 Crown Street which is capable of being reasonably developed for a variety of land uses at a scale which is appropriate for the surrounding site context, being single storey buildings, including those retained on the development site at No. 366 and 368 Crown Street. As such, since the site is not isolated, it follows that it wouldn't be necessary to attempt to acquire and amalgamate that site.

Notwithstanding our position, in an abundance of caution to address the first limb of *Karavellas*, the Applicant commenced negotiations with the owner of No. 370 Crown Street at an early stage of the development. A Valuation Report has been prepared by Opteon (Appendix 39) and a formal letter of offer (Appendix 39) was issued on 20 December 2023 to the landowner at No. 370 Crown Street with an offer 30% above the valuation (market) price. The



landowner at No. 370 did not accept the offer and did not provide a counter offer, and as such amalgamation of the sites is not feasible.

When considering the efforts made by the Applicant to acquire the site at No. 370 Crown Street, and the merits for the case that the site at No. 370 Crown Street is not in fact isolated in any way by the proposal, SSD-84096206 is not considered to have an adverse impact on the future redevelopment of No. 370 Crown Street.



4. Statutory Context

4.1 ENVIRONMENTAL PLANNING AND ASSESSMENT ACT (EP&A ACT) 1979

Section 4.36(2) of the EP&A Act 1979 states that “a State environmental planning policy may declare any development, or any class or description of development, to be State significant development”.

The proposed development is declared SSD because it is consistent with the listing in Clause 12 Schedule 1 to *State Environmental Planning Policy (Planning Systems) 2021* (SEPP Planning Systems 2021).

The proposal has been assessed against the relevant objectives of the EP&A Act as detailed below. The proposal is consistent with all objects.

Table 13 EP&A Act Objectives

Objective	Response
(a) to promote the social and economic welfare of the community and a better environment by the proper management, development and conservation of the State’s natural and other resources,	<p>The proposal seeks to meet the needs of the community to provide additional health services thereby having a positive social impact for the district. In doing so, the hospital expansion will have significant economic impacts as detailed within the Economic Impact Assessment provided at Appendix 37. Indeed, as a result of the additional medical floor space, the proposal will increase the number of direct and indirect jobs produced on the site and will have a positive impact on the local economy.</p> <p>Furthermore, the proposal will have positive social impacts on the community through the provision of additional medical services and support, as detailed within the Social Impact Assessment provided at Appendix 33, and the Social Infrastructure Needs Assessment at Appendix 41. All information available makes evident the demand for additional health services to support the district and as such in doing so the proposal will promote the social welfare of community. Additionally, the proposal seeks to support the Indigenous community through the provision of health services for Aboriginal men, women and children alike.</p> <p>There are no environmental assets within the selected disturbance footprint that require protection and preservation as demonstrated throughout Section 6 of the EIS. The proposal will inevitably increase the net developed area within the site however this will not compromise the ecological or landscaped values within the site, that will ultimately be improved as a result of the proposed development. The proposal incorporates solar power generation, rainwater capture and improvements to stormwater quality.</p> <p>The development is an appropriate use of an existing site, partially comprising Wollongong Private Hospital, well connected to urban infrastructure and utilities.</p>
(b) to facilitate ecologically sustainable development by integrating relevant economic, environmental and social considerations in decision-making about environmental planning and assessment,	<p>The ESD performance of the proposal is set out in the ESD Report by Stantec (Appendix 18).</p> <p>This EIS contains sufficient information to investigate and address the social, economic and environmental impacts of the proposal and effective ways to manage the potential negative impacts (which are minor and few).</p>

Table 13 EP&A Act Objectives

(c) to promote the orderly and economic use and development of land,	The proposal represents an orderly and economic development for the following reasons: <ul style="list-style-type: none">• The site is zoned SP1 – Hospital zoning and expands the existing Wollongong Private Hospital, maximising the potential of a site that is planned for hospital use• The site is connected to existing utilities and infrastructure• The site is well connected to the classified road network and is in close proximity to high quality and high frequency public transport• The proposal capitalises on an existing land use• The proposal maintains the existing Wollongong Private Hospital building and will allow for operation of the hospital to continue during construction
(e) to protect the environment, including the conservation of threatened and other species of native animals and plants, ecological communities and their habitats,	The proposed development will not have any significant impacts on biodiversity noting that there are a limited number of existing trees on the site. A Biodiversity Waiver has been issued by the Department of Climate Change, Energy, the Environment and Water (Appendix 24).
(f) to promote the sustainable management of built and cultural heritage (including Aboriginal cultural heritage),	The proposed development will not have any adverse impacts on built or cultural heritage as demonstrated by the Aboriginal Cultural Heritage Assessment Report (ACHAR) prepared by Artefact Heritage and Environment (see Appendix 31) and the Statement of Heritage Impact prepared by Weir Phillips (see Appendix 32).
(g) to promote good design and amenity of the built environment,	The proposed development provides for a high quality design response that has been considered by the State Design Review Panel and will achieve design excellence. These features are demonstrated in the Design Report by CM+ and HPI (see Appendix 9).
(h) to promote the proper construction and maintenance of buildings, including the protection of the health and safety of their occupants,	The proposed development will provide for a building that will comply with the relevant requirements of the National Construction Code to provide a safe and healthy environment for its occupants. Details can be demonstrated in Construction Certificate documentation.
(j) to provide increased opportunity for community participation in environmental planning and assessment.	Pre-lodgement engagement methods and outcomes are recorded in the Engagement Report (Appendix 36). Furthermore, following lodgement of the SSD, all community submissions will be reviewed and addressed through either amended plans or additional information.

4.2 ENVIRONMENTAL PLANNING AND ASSESSMENT REGULATION 2021

The Environmental Planning and Assessment Regulations 2021 (EP&A Regulations) contains the key operational provisions for the NSW planning system. The EP&A Regulations contain requirements in regard to State Significant Development Applications which have been followed in the preparation of this application.

Part 8 contains the requirements and general provisions relating to Environmental Impact Statements, including the requirement to make a written application to the Planning Secretary for the environmental assessment requirements (SEARs). This application was made, and the SEARs were issued on 15 May 2025.

Notwithstanding this, amendments were made to the proposal and as such an amendment to the SEARs was requested. The revised SEARs were issued on 10 November 2025.

4.3 PROTECTION OF THE ENVIRONMENT OPERATIONS ACT 1997

The proposal has been assessed against the relevant parts of the *Protection of the Environment Operations Act 1997* (POEO Act). Schedule 1 of the POEO Act lists those activities that require a licence before they may be carried out. The definition of an 'activity' is:

“an industrial, agricultural or commercial activity or an activity of any other nature whatever (including the keeping of a substance or an animal”.

The proposed development does not trigger any thresholds in respect of Schedule 1 of the POEO Act.

4.4 BIODIVERSITY CONSERVATION ACT 2016

The purpose of the *Biodiversity Conservation Act 2016* (BC Act) is to maintain a healthy, productive and resilient environment for the greatest wellbeing of the community, now and into the future, consistent with the principles of ecologically sustainable development.

In accordance with Clause 7.9 of the BC Act, any State Significant Development Application is to be accompanied by a Biodiversity Development Assessment Report (BDAR) unless the Planning Agency Head and the Environment Agency Head determine that the proposed development is not likely to have any significant impact on biodiversity value.

A Biodiversity Waiver was granted under section 7.9 and issued by the Planning Agency Head on 26 November 2025 since the development is not likely to have any significant impact on biodiversity values. The application, therefore, does not need to be accompanied by a BDAR. The BDAR waiver is provided at Appendix 24.

4.5 NATIVE TITLES ACT 1993

The *Native Titles Act 1993* recognises and protects the rights and interests of Aboriginal and Torres Strait Islander peoples. It provides a framework for determining claims to native title and establishing standards for future dealings affecting native title. In accordance with the register of native title claims, the site is subject to a claim made in 2017 NC2017/003 (refer to **Figure 25**).

Refer to the ACHAR prepared by Artefact Heritage and Environment at Appendix 31 for further detail.

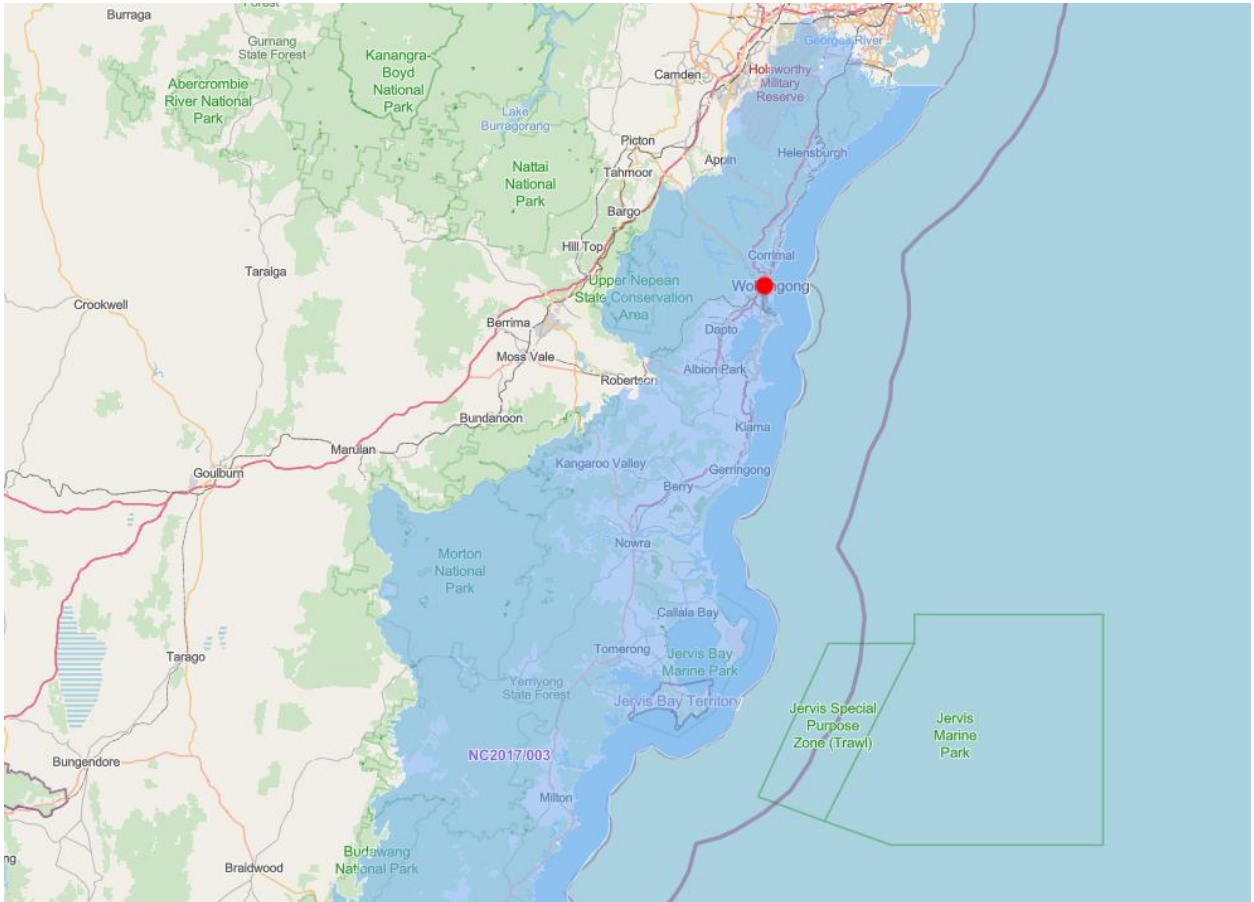


Figure 25 Native title claims (SEED Portal).

4.6 HERITAGE ACT 1977

The *Heritage Act 1977* has been taken into consideration, however it is noted the provisions are not applicable as there are no State-listed heritage items on the land or in the vicinity. It is noted that the locally-significant Heritage Item 6243 is located within the subject site, as listed under the Wollongong Local Environmental Plan 2009 (366 Crown Street). Heritage Item 6243 will be retained for use as a medical tenancy to be leased by IAMS and therefore protected. No alterations to the building are proposed.

4.7 STATUTORY PLANNING POLICIES

The legislation and environmental planning instruments applying to the proposed development include:

- *State Environmental Planning Policy (Planning Systems) 2021;*
- *State Environmental Planning Policy (Resilience and Hazards) 2021;*
- *State Environmental Planning Policy (Biodiversity and Conservation) 2021;*
- *State Environmental Planning Policy (Transport and Infrastructure) 2021;*
- *State Environmental Planning Policy (Sustainable Buildings) 2022; and*

- *Wollongong Local Environmental Plan 2009.*

A detailed assessment against the relevant statutory requirements is provided in Section 6 of the EIS and the Statutory Compliance Table which is included at Appendix 3 of this report.

4.7.1 Power to grant approval

The legal pathway under which consent is sought is the State Environmental Planning Policy (Planning Systems) 2021 (Planning Systems SEPP). Specifically, Clause 14 of Schedule 1 of Planning Systems SEPP states the following:

“(1) Development that has an estimated development cost of more than \$30 million for any of the following purposes—

(a) hospitals,

(b) medical centres,

(c) health, medical or related research facilities (which may also be associated with the facilities or research activities of a NSW local health district board, a University or an independent medical research institute).

(2) Subsection (1)(b) does not apply to development on land within the area of the City of Sydney.”

The proposed development is for a hospital with an estimated development cost (EDC) of more than \$30 million and is not located within the area of the City of Sydney. As such, the development is State Significant Development (SSD) pursuant to Clause 14 of Schedule 1 of the Planning Systems SEPP.

In accordance with Section 4.5 of the EP&A Act and Section 2.7 of the Planning Systems SEPP, the consent authority for SSD is the Minister for Planning unless the development triggers the matter set out in Section 2.7(1) in which case the consent authority will be the Independent Planning Commission.

4.7.2 Permissibility

The site is located within Zone SP1 – Special Activities under the Wollongong Local Environmental Plan 2009 (WLEP 2009).

The following are the land uses permitted and prohibited within the SP1 zone:

2 Permitted without consent

Building identification signs; Business identification signs

3 Permitted with consent

Advertising structures; Aquaculture; Centre-based child care facilities; Community facilities; Information and education facilities; Recreation areas; Recreation facilities (indoor); Recreation facilities (major); Recreation facilities (outdoor); Respite day care centres; The purpose shown on the Land Zoning Map, including any development that is ordinarily incidental or ancillary to development for that purpose

4 Prohibited

Any development not specified in item 2 or 3

As per the above list, the Land Zoning Map identifies the site for the purpose of a hospital and therefore any use for a hospital or any development that is incidental or ancillary to a hospital is permitted with consent in the zone.

SSD-84096206 is for the expansion of the existing hospital and is therefore permissible with consent in the zone.

More specifically, a hospital is defined as follows under the WLEP 2009:

hospital means a building or place used for the purpose of providing professional health care services (such as preventative or convalescent care, diagnosis, medical or surgical treatment, psychiatric care or care for people with disabilities, or counselling services provided by health care professionals) to people admitted as in-patients (whether or not out-patients are also cared for or treated there), and includes ancillary facilities for (or that consist of) any of the following—

- (a) day surgery, day procedures or health consulting rooms,*
- (b) accommodation for nurses or other health care workers,*
- (c) accommodation for persons receiving health care or for their visitors,*
- (d) shops, kiosks, restaurants or cafes or take away food and drink premises,*
- (e) patient transport facilities, including helipads, ambulance facilities and car parking,*
- (f) educational purposes or any other health-related use,*
- (g) research purposes (whether or not carried out by hospital staff or health care workers or for commercial purposes),*
- (h) chapels,*
- (i) hospices,*
- (j) mortuaries.*

Note.

*Hospitals are a type of **health services facility**—see the definition of that term in this Dictionary.*

The proposed hospital expansion aligns entirely with the above definition with regard to the following:

- New lobby and various support and amenities on lower ground
- New emergency department (ED) with new drop-off point, entry, ambulance bay, satellite imaging;
- Expanded operating theatre with a new reception, additional recovery ward and ICU support;
- Expanded CSSD and hospital support; and
- Radiation oncology.

Furthermore, specific land uses proposed are identified as being ancillary facilities to the hospital as follows:

- The medical tenancies within the hospital building fall under item (a) of the above definition;
- The medical tenancies within No. 366 and 368 Crown Street fall under (a) of the above definition;
- The café expansion falls under item (d) of the above definition;
- The proposed medi-hotel falls under item (b) and (c) of the above definition.

4.7.3 Other approvals

Approvals under Section 138 of the Roads Act, 1993 will be required for:

- The construction of the new driveways off Urunga Parade; and
- The works within the public footpath and nature strip to level and enhance the public domain.

With regard to groundwater monitoring given that the predicted inflow is less than 1 ML/year the proposed excavation is exempt from requiring a Water Access Licence from Water NSW and rather, requires a Water Supply Works Approval for construction dewatering.

No approval required from the commonwealth minister under the Environment Protection and Biodiversity Conservation Act, 1999.

4.7.4 Pre-conditions

The pre-conditions to exercising the power to grant approval for the project are set out in the table below.

Table 14 Pre-conditions			
Statutory Reference	Pre-conditions	Relevance	Section in EIS
Biodiversity Conservation Act 2016 – Clause 7.9	(1) This section applies to— (a) an application for development consent under Part 4 of the Environmental Planning and Assessment Act 1979 for State significant development, and (2) Any such application is to be accompanied by a biodiversity development assessment report unless the Planning Agency Head and the Environment Agency Head determine that the proposed development is not likely to have any significant impact on biodiversity values.	This clause applies to SSD applications. A BDAR waiver has been granted to the development and therefore a BDAR is not required.	Section 4.4 and 6.2.2 and Appendix 24
State Environmental Planning Policy (Resilience and Hazards) 2001 – Clause 4.6(1) and (3)	(1) A consent authority must not consent to the carrying out of any development on land unless— (a) it has considered whether the land is contaminated, and (b) if the land is contaminated, it is satisfied that the land is suitable in its contaminated state (or will be suitable, after remediation) for the purpose for which the development is proposed to be carried out, and (c) if the land requires remediation to be made suitable for the purpose for which the development is proposed to be carried out, it is satisfied that the land will be remediated before the land is used for that purpose. (3) The applicant for development consent must carry out the investigation required by subsection (2) and must provide a report on it to the consent authority. The consent authority may require the applicant to carry out, and provide a report on, a detailed investigation (as referred to in the contaminated land planning guidelines) if it considers that the findings of the	The proposal includes excavation and construction of three additional levels of basement for parking and a radiation oncology with the finished floor level of the lowest basement set at RL20.90. A Preliminary Site Investigation is submitted with the SSD which concludes that the site is suitable for the proposed development subject to recommendations of the PSI at Appendix 29.	Section 6.2.3 and 6.21 and Appendix 29

Table 14 Pre-conditions

		preliminary investigation warrant such an investigation.		
State Planning Policy (Transport and Infrastructure) 2021 – Clause 2.119, 2.120 and 2.122	Environmental	<p>Clause 2.119 Development with frontage to classified road.</p> <p>(2) The consent authority must not grant consent to development on land that has a frontage to a classified road unless it is satisfied that—</p> <p>(a) where practicable and safe, vehicular access to the land is provided by a road other than the classified road, and</p> <p>(b) the safety, efficiency and ongoing operation of the classified road will not be adversely affected by the development as a result of—</p> <p>(i) the design of the vehicular access to the land, or</p> <p>(ii) the emission of smoke or dust from the development, or</p> <p>(iii) the nature, volume or frequency of vehicles using the classified road to gain access to the land, and</p> <p>(c) the development is of a type that is not sensitive to traffic noise or vehicle emissions, or is appropriately located and designed, or includes measures, to ameliorate potential traffic noise or vehicle emissions within the site of the development arising from the adjacent classified road.</p>	Clause 2.119 applies as the development has a frontage to a classified road.	Section 6.2.1 and 6.13 and Appendix 21
		<p>Clause 2.120 Impact of road noise or vibration on non-road development.</p> <p>(2) Before determining a development application for development to which this section applies, the consent authority must take into consideration any guidelines that are issued by the Planning Secretary for the purposes of this section and published in the Gazette.</p>	Clause 2.120 applies as the site adjoins the Princes Highway, a classified road which has an approximate annual average daily traffic volume of more than 20,000 vehicles.	Section 6.2.1 and 6.15 and Appendix 25
		<p>Clause 2.122 Traffic-generating development.</p> <p>(4) Before determining a development application for development to which this section applies, the consent authority must—</p> <p>(a) give written notice of the application to TfNSW within 7 days after the application is made, and</p> <p>(b) take into consideration—</p>	Clause 2.122 applies as the proposal is of a type listed in column 3 of Schedule 3, being a hospital with 200 or more beds, as well as 100 or more beds with access to a classified road.	Section 6.2.1 and 6.13 and Appendix 21, 22 and 23

Table 14 Pre-conditions

		<p>(i) any submission that RMS provides in response to that notice within 21 days after the notice was given (unless, before the 21 days have passed, TfNSW advises that it will not be making a submission), and</p> <p>(ii) the accessibility of the site concerned, including—</p> <p>(A) the efficiency of movement of people and freight to and from the site and the extent of multi-purpose trips, and</p> <p>(B) the potential to minimise the need for travel by car and to maximise movement of freight in containers or bulk freight by rail, and</p> <p>(iii) any potential traffic safety, road congestion or parking implications of the development.</p>		
State Planning Policy (Sustainable Buildings) 2022 – Clause 3.2(2) and 3.3(2)	Environmental	<p>Clause 3.2(2) Development consent must not be granted to non-residential development unless the consent authority is satisfied the embodied emissions attributable to the development have been quantified.</p> <p>Clause 3.3(2) Development consent must not be granted to large commercial development unless the consent authority is satisfied the development is capable of achieving the standards for energy and water use specified in Schedule 3.</p>	<p>Embodied emissions are quantified.</p> <p>An Agreement to Rate has commenced for energy and water use set in Schedule 3.</p>	Section 6.2.4 and 6.12 and Appendix 18, 19 and 20.
Wollongong LEP 2009 – Clause 4.6, 5.21, 7.1, 7.5 and 7.9		<p>Clause 4.6</p> <p>(3) Development consent must not be granted to development that contravenes a development standard unless the consent authority is satisfied the applicant has demonstrated that—</p> <p>(a) compliance with the development standard is unreasonable or unnecessary in the circumstances, and</p> <p>(b) there are sufficient environmental planning grounds to justify the contravention of the development standard.</p> <p>Clause 5.21</p> <p>(2) Development consent must not be granted to development on land the consent authority considers to be within the flood planning area unless the consent authority is satisfied the development—</p>	<p>A Clause 4.6 variation requested has been prepare for the height and FSR variations proposed.</p> <p>The Integrated Water Management Plan states that consultation with Wollongong Council indicates that current flood maps do not show that any part</p>	Section 6.3.2 and 6.3.3 and Appendix 5 and 6
				Section 6.18 and Appendix 28

Table 14 Pre-conditions

<p>(a) is compatible with the flood function and behaviour on the land, and (b) will not adversely affect flood behaviour in a way that results in detrimental increases in the potential flood affectation of other development or properties, and (c) will not adversely affect the safe occupation and efficient evacuation of people or exceed the capacity of existing evacuation routes for the surrounding area in the event of a flood, and (d) incorporates appropriate measures to manage risk to life in the event of a flood, and (e) will not adversely affect the environment or cause avoidable erosion, siltation, destruction of riparian vegetation or a reduction in the stability of river banks or watercourses.</p>	<p>of the site is located within a flood planning area and is not subjected to flood related development controls.</p>	
<p>Clause 7.1 (2) Development consent must not be granted for development on land unless the consent authority is satisfied that any public utility infrastructure that is essential for the proposed development is available or that adequate arrangements have been made to make that infrastructure available when it is required.</p>	<p>The site is well connected to existing services and additional service will be accommodated as detailed within the Infrastructure Requirements and utilities Plan.</p>	<p>Section 6.26 and Appendix 34</p>
<p>Clause 7.5 (3) Development consent must not be granted under this clause for the carrying out of works unless an acid sulfate soils management plan has been prepared for the proposed works in accordance with the Acid Sulfate Soils Manual and has been provided to the consent authority.</p>	<p>Refer to the Geotechnical Report and Hydrogeological Investigation included in Appendix 26 and Appendix 27, respectively.</p>	<p>Section 6.16 and Appendix 26 and 27.</p>
<p>Clause 7.9 (2) If a development application is received and the consent authority is satisfied that the proposed development will penetrate the Limitation or Operations Surface, the consent authority must not grant development consent unless it has consulted with the relevant Commonwealth body about the application. (4) The consent authority must not grant development consent for the development if the relevant Commonwealth body advises that the</p>	<p>Refer to the Aeronautical Study prepared by AVlaw at Appendix 35.</p>	<p>Section 6.28 and Appendix 35</p>

Table 14 Pre-conditions

development will penetrate the Limitation or Operations Surface and should not be constructed.

4.7.5 Mandatory considerations

The following table summarises the mandatory considerations that the consent authority is required to consider in deciding whether to grant approval.

Table 15 Mandatory Considerations

Statutory Reference	Mandatory Consideration	Section in EIS
Considerations under the Act and Regulation		
Section 1.3	Relevant objects of the Act <ul style="list-style-type: none"> • to promote the social and economic welfare of the community and a better environment by the proper management, development and conservation of the State’s natural and other resources • to facilitate ecologically sustainable development by integrating relevant economic, environmental and social considerations indecision-making about environmental planning and assessment • to promote the orderly and economic use and development of land • to promote the sustainable management of built and cultural heritage (including Aboriginal cultural heritage), • to promote good design and amenity of the built environment, 	Section 4.1
Section 4.15	<ul style="list-style-type: none"> - Relevant environmental planning instruments <ul style="list-style-type: none"> • <i>State Environmental Planning Policy (Planning Systems) 2021</i> • <i>State Environmental Planning Policy (Transport and Infrastructure) 2021</i> • <i>State Environmental Planning Policy (Resilience and Hazards) 2021</i> • <i>State Environmental Planning Policy (Biodiversity and Conservation) 2021</i> • <i>State Environmental Planning Policy (Sustainable Buildings) 2022</i> • <i>Wollongong Local Environmental Plan 2009</i> - Development control plan: Section 2.10 of the Planning Systems SEPP provides that development control plans do not apply to state significant development - the likely impacts of that development, including environmental impacts on both the natural and built environments, and social and economic impacts in the locality. - the suitability of the site for the development - the public interest 	Section 4.7, 6.2 6.3 and 6.4 and Appendix 3, 5 and 6
Mandatory relevant considerations under EPIs		
State Environmental Planning Policy (Resilience and Hazards) 2021 – Chapter 4 Remediation of Land	Clause 4.6 (2) Before determining an application for consent to carry out development that would involve a change of use on any of the land specified in subsection (4), the consent authority must consider a	Section 6.2.3 and 6.21 and Appendix 29

Table 15 Mandatory Considerations

		report specifying the findings of a preliminary investigation of the land concerned carried out in accordance with the contaminated land planning guidelines.	
State Planning Policy (Sustainable Buildings) 2022	Environmental	<p>Clause 3.2</p> <p>(1) In deciding whether to grant development consent to non-residential development, the consent authority must consider whether the development is designed to enable the following—</p> <p>(a) the minimisation of waste from associated demolition and construction, including by the choice and reuse of building materials,</p> <p>(b) a reduction in peak demand for electricity, including through the use of energy efficient technology,</p> <p>(c) a reduction in the reliance on artificial lighting and mechanical heating and cooling through passive design,</p> <p>(d) the generation and storage of renewable energy,</p> <p>(e) the metering and monitoring of energy consumption,</p> <p>(f) the minimisation of the consumption of potable water.</p> <p>Clause 3.4</p> <p>(2) In deciding whether to grant development consent to development to which this section applies, the consent authority must consider whether the development will minimise the use of on-site fossil fuels, as part of the goal of achieving net zero emissions in New South Wales by 2050.</p>	Section 6.2.4 and 6.12 and Appendix 18, 19 and 20
Wollongong LEP 2009		<p>Objectives and land uses for SP1 zone</p> <ul style="list-style-type: none"> • Part 4 – Principal development standards • Part 5 – Miscellaneous provisions • Part 7 – Local provisions 	Section 6.3 and Appendix 3, 5 and 6

5. Engagement

5.1 OVERVIEW OF ENGAGEMENT UNDERTAKEN

To address item 27 of the SEARs, a pre-lodgement engagement process has been completed with key relevant stakeholders in accordance with the SEARs and *Undertaking Engagement Guidelines for State Significant Projects*. The SEARs identified key stakeholders to be consulted during the preparation of the EIS, including the relevant Department assessment team, local council, agencies and the community.

An Engagement Report has been prepared to detail the engagement undertaken, including the issues raised and feedback provided. The Engagement Report is provided at Appendix 36.

The following stakeholders have been engaged:

- Wollongong City Council;
- Department of Planning, Housing and Infrastructure;
- Local Members of Parliament;
- NSW State Design Review Panel;
- NSW Environment Protection Authority;
- NSW Health;
- Ambulance NSW;
- NSW Environment and Heritage;
- Illawarra Shoalhaven Local Health District Board and CEO;
- Aviation Stakeholders;
- Endeavour Energy;
- Transport for NSW;
- Sydney Water;
- Property Council;
- WaterNSW;
- Business Illawarra;
- Jemena;
- Local Aboriginal Land Council;
- Traditional Owners;
- Illawarra Aboriginal Medical Services (IAMS); and
- Surrounding local landowners and stakeholders.

In recognition of prior engagement activities conducted under the Wollongong Health Precinct Master Plan and the initial SSDA lodged in 2022, a light-touch engagement approach was adopted. Community and stakeholder engagement for the Wollongong Private Hospital Expansion commenced on 14 May 2025, strategically timed following the Federal Election period to avoid overlap with political correspondence and reduce the risk of letterbox overload.

This approach acknowledged the community's previous contributions and sought to minimise consultation fatigue, while still ensuring meaningful opportunities for feedback to inform the current SIA and EIS. However, the matters raised



during previous consultation, as well as the requirements outlined in SEARs, will continue to inform the preparation of the SIA and other supporting technical assessments.

Engagement for this phase focused on informing local residents and inviting their participation via a targeted letter drop and an online survey. A total of 666 letters were distributed within the defined consultation catchment area surrounding the project site.

5.2 ISSUES RECORDED DURING ENGAGEMENT

The following table summarises the issues recorded from pre-lodgement engagement processes.

Table 16 Key Issues Identified and Stakeholder Suggestions
<p>Traffic congestion</p> <p>Respondents were particularly concerned about increased vehicle movements in an already congested area. Crown Street and Urunga Parade were specifically mentioned as sites of peak-hour gridlock, with fears the expansion would exacerbate existing traffic pressures. A respondent stated that;</p> <p><i>"We need more open space in Central Wollongong not more development. Wollongong has the transport infrastructure of a large country town and not a city. This is shown by traffic jams all over the city now. This development will only make things worse in Central Wollongong"</i></p>
<p>Parking availability</p> <p>The shortage of on-street parking, particularly in nearby residential areas like Mangerton Road and Matthews Street, was a recurring concern. Some respondents highlighted that patients and staff currently avoid hospital fees by parking on local streets, reducing availability for residents and clients of home-based businesses. A respondent stated that;</p> <p><i>"Since the hospital has been built the traffic in my street (Mangerton Road) has significantly increased and the street parking situation has become ridiculously difficult. I run a small home-based beauty business and parking for clients was never an issue whereas since the opening of Wollongong Private Hospital, my clients are struggling to find parking"</i></p>
<p>Construction impacts</p> <p>Several pieces of feedback reflected negatively on past construction activities, describing sustained noise, dust, and disruption over a two-year period during the original development. Respondents were concerned about enduring similar impacts again, including early morning noise and contractor behaviour.</p> <p><i>"The noise of groundwork then construction work on the first development badly affected my mental health. It was relentless for two years. The sound of jackhammers and then the sound of riggers talking about what they did on the weekend was like it was in our bedroom"</i></p>
<p>Amenity and privacy</p> <p>The potential for new hospital windows to overlook private properties and gardens was raised as a significant privacy issue. Visual and acoustic impacts from plant equipment (e.g. air conditioning units) were also cited as unresolved concerns from the initial development.</p> <p><i>"There will be serious privacy issues with public windows in the new development looking right in our garden. The noise of the air-conditioner in the first development is unbearable in summer how much more so will it be with the new development."</i></p>
<p>Access and road suitability</p> <p>Residents questioned the suitability of Urunga Parade as the main access route for increased hospital-related traffic and deliveries. The street was described as narrow and residential in nature, and respondents expressed concerns about turning Matthews Street into a de facto through-road.</p> <p><i>"Urunga Pde is a back street not a major road and as such it cannot supported massively increased heavy vehicle/supply traffic"</i></p>



Table 16 Key Issues Identified and Stakeholder Suggestions

Perceived lack of community benefit

A number of responses reflected a view that the hospital expansion would not directly benefit local residents, with some perceiving it as primarily a private commercial initiative. One respondent's opposition stemmed from dissatisfaction with the hospital's quality of care, rather than the development itself.

Consultation fatigue and distrust

Some participants expressed frustration with repeated consultation processes, suggesting that previous feedback had not led to tangible change. One submission questioned the credibility of the process and raised concerns about bias.

Connection to Country and cultural expression

Feedback from IAMS and the NSW State Design Review Panel highlighted the importance of embedding cultural narratives within the project's design. Comments emphasised the expression of cultural narratives through design; water as symbol of life, renewal and healing; traditional medicine plants and healing practices; meeting places where culture and medicine unite; heritage buildings serving genuine community purposes.

Sustainability

Health Precinct consultation participants and community survey respondents consistently emphasised the need for strong sustainability outcomes. Feedback focused on sustainable building design including natural heating/cooling and waste minimisation; concerns about drainage and flood risk; desire for green infrastructure integration.

5.3 RECOMMENDATIONS AND RESPONSES TO ISSUES

The following is a summary of the recommendations in the Engagement Report followed by a response to how each recommendation has been addressed:

First, it is recommended that detailed traffic and access planning be clearly communicated to the community. There is a need to demonstrate how traffic generated by the expansion will be managed, including the capacity of local roads, revised access arrangements via Urunga Parade, and any associated upgrades or mitigation measures. Clear justification for road use and visibility of traffic impact assessments will be critical to building trust with affected residents.

Response:

Detailed traffic and access planning has been undertaken to determine the best access arrangement for the proposed development with the least amount of impact on the surrounding road network and properties.

The proposed redevelopment seeks to reconfigure the access arrangements to reduce traffic off Crown Street and provide greater separation between ambulance routes and general traffic routes. On this basis, it is proposed to limit the Crown Street driveway to ambulances accessing the new ambulance parking facility and to vehicles picking up and dropping off passengers to ED. The driveway off Urunga Parade will be provided as two-way (comprising one access lane, and two egress lanes) to accommodate general vehicle access to/ from the basement car park and to the new pick up/ drop off facility in the lower ground level. The existing egress ramp from the basement car park to the ground floor which leads to the Crown Street access will be disused, ensuring that all traffic access the site through Urunga Parade.

Traffic and access impacts, including traffic generation, the impact on road capacity and necessary mitigation measures have been addressed in detail in the Transport Impact Assessment, Green Travel Plan and Construction Traffic Management Plan prepared by TTPP.

Second, consideration should be given to improving the availability, affordability, and accessibility of parking for patients, visitors, and staff. A clear strategy to minimise overflow parking in nearby residential streets

should be developed and communicated, with particular attention to streets already experiencing congestion and access constraints. Measures to encourage on-site parking use and reduce impacts on local residents should form part of the planning response.

Response:

The proposal has been designed to accommodate sufficient parking to support the proposed expansion and ensure an improved level of availability of parking.

Indeed, and as detailed within the Transport Impact Assessment prepared by TTPP at Appendix 21, the proposal provides 583 car parking spaces (including pick up/drop off bays), which complies with the minimum WDCP requirement. Notably, the WDCP permits a minimum parking requirement of 467 spaces, which the proposal well exceeds to ensure on-site parking use is encouraged.

With regard to accessibility, the proposed vehicular access and car park layout has been designed with the user in mind to ensure easy access and wayfinding is achieved.

Third, the management of construction impacts should be a high priority during detailed design and delivery planning. Given the negative experiences associated with previous works, proactive measures should be adopted to minimise construction noise, dust, early morning activity, and general disruption. Construction management plans should include clear communication protocols, site access controls, and timing restrictions to reduce amenity impacts on adjacent properties.

Response:

This EIS addresses the construction impacts of the proposal however it should be noted that a detailed construction program is not yet fully defined.

Notwithstanding this, the following documents have been prepared to accompany this application which address impacts during construction:

- Construction Management Plan prepared by TTPP at Appendix 22;
- Noise and Vibration Impact Assessment prepared by Stantec at Appendix 25;
- Waste Management Plan prepared by MRA Consulting Group at Appendix 30; and
- Social Impact Assessment prepared by SLR at Appendix 33.

These reports provide both site specific and general recommendations and provides applicable criteria together with feasible and reasonable mitigation measures to be observed during the construction of the proposed development. The reports indicate how the impacts of construction activity associated with the proposal can be appropriately managed through all stages of construction.

Importantly, feedback from the community will be monitored and addressed appropriately during the construction stage of the project.

Fourth, the design response should consider ways to improve the interface between the hospital and surrounding residential areas. Opportunities to reduce visual bulk, improve privacy, and enhance acoustic performance should be explored. The incorporation of landscaping buffers, screening, and sensitive building orientation will support improved visual amenity and neighbourhood character outcomes.

Response:

The development site has been expanded and now includes No. 23 Urunga Street, consequentially changing the western site boundary. Whilst it's noted the western boundary remains to adjoin lower scale residential development, the interface has been drastically improved through the retention of the existing dwellings at No. 366 and 368 Crown



Street. Furthermore, the form has been altered significantly compared to the previous application to reduce the visual bulk and scale when viewed from those adjoining residential properties. Indeed, the large north-south connection between the new western wing and the existing hospital has been removed, and the separate south western building is no longer proposed. Furthermore, the proposed built form will step down to 7 storeys at the interface with the adjoining R2 Low Density residential zone to further mitigate the visual bulk of the proposed built form. This proposed transition is enhanced through the significant and detailed articulation of the built form at this interface. Ultimately, the proposed built form provides a suitable density of development that respects surrounding properties whilst also maximising floor space for medical services and support, in a location specifically zoned for just that.

The proposed design also allows significant landscaping to be provided along the western boundary interface with the adjoining residential properties to soften and screen the proposed built form. The proposed landscape scheme will further improve the visual amenity of the adjoining properties.

Fifth, the Project team should consider options for articulating the broader community benefit of the development. This may include improved communication of local health service enhancements, employment opportunities, and accessibility outcomes, as well as a transparent explanation of how the facility aligns with broader public health objectives in the region.

Response:

This has been described in detail within the EIS, namely within the following documents which accompany the application:

- Social Impact Assessment prepared by SLR at Appendix 33; and
- Economic Impact Assessment prepared by Macroplan at Appendix 37.

These reports should be read in conjunction with the EIS to allow for a complete understanding of the outcomes for health services within the locality.

Finally, future engagement should focus on maintaining transparency and responsiveness throughout the planning process. This includes providing clear, accessible updates on the status of the SSDA, opportunities for further input, and evidence of how community feedback has been considered in project refinements. Engagement with directly affected residents, especially those in adjacent streets, should continue to ensure concerns are understood and addressed prior to construction.

Response:

Opportunities for further engagement will be available during the notification period and response to submission stage of the application. In the response to submissions all community and stakeholder responses will be considered and addressed adequately.





6. Environmental Impact Assessment

This section of the EIS collates the potential impacts of the project as identified through specialist investigations. The section also demonstrates how the SEARs requirements have been addressed by the relevant specialist technical reports. This section also identifies the mitigation measures to avoid, manage and/or mitigate the impacts of the project.

6.1 SECRETARY'S ENVIRONMENTAL ASSESSMENT REQUIREMENTS

The SEARs issued by the DPHI on 15 May 2025 and updated on 10 November 2025 identify the following key issues:

- (1) Statutory Context
- (2) Capital Investment Value and Employment
- (3) Design Quality
- (4) Built Form and Urban Design
- (5) Environmental Amenity
- (6) Visual Impact
- (7) Public Space
- (8) Trees and Landscaping
- (9) Ecologically Sustainable Development (ESD)
- (10) Biodiversity
- (11) Traffic, Transport and Accessibility
- (12) Biodiversity
- (13) Noise and Vibration
- (14) Ground and Water Conditions
- (15) Water Management
- (16) Flood Risk
- (17) Hazards and Risks
- (18) Contamination and Remediation
- (19) Waste Management
- (20) Aboriginal Cultural Heritage
- (21) Environmental Heritage
- (22) Social Impact
- (23) Infrastructure Requirements and Utilities
- (24) Bush Fire Risk
- (25) Aviation
- (26) Construction, Operation and Staging
- (27) Contributions and Public Benefit
- (28) Engagement

These requirements, and other necessary matters, are addressed in the following section in the order they are listed above with the exception of item 28 which has been considered in Section 5.

6.2 STATUTORY CONTEXT

Item 1 of the issued SEARs requires the EIS to address all relevant legislation, Environmental Planning Instruments (EPIs), plans, policies and guidelines, and identify compliance with the applicable development standards, whilst also providing detailed justification for any non-compliances specific to this case.

As required by the State Significant Development Guidelines - Preparing an Environmental Impact Statement, Section 4 of the EIS identifies the power to grant approval, permissibility of the development, preconditions and mandatory considerations.

Furthermore, a checklist of compliance with the applicable EPIs is provided at Appendix 3.

Of relevance to the impacts of the proposal is the development standards within SEPP (Transport and Infrastructure), SEPP (Sustainable Buildings) 2022 and Wollongong LEP 2009 (WLEP 2009), which are addressed in Appendix 3 and below.

6.2.1 State Environmental Planning Policy (Planning Systems) 2021

State Environmental Planning Policy (Planning Systems) 2021 (Planning Systems SEPP) commenced on 1 March 2022, repealing and replacing three former SEPPs related to state and regionally significant development, Aboriginal land and concurrence authority for certain development.

Of relevance to the proposed development is Chapter 2.

Chapter 2 – State and regional development

Clause 2.6(1) of Chapter 2 identifies the types of development (listed in Schedule 1) that are declared to be State-significant development. Clause 14 Schedule 1 declares development for the purpose of a hospital, medical centre and health research facility with a cost exceeding \$30 million to be State-significant development.

The Proposal has a cost estimate of \$127,958,872 excl GST as detailed in the EDC Report prepared by genius Advisory. As such, the proposal is declared to be State-significant development.

Clause 2.6(2) of Chapter 2 stipulates that if only part of a development application comprises development that is State significant, the remainder of the development is also declared to be State significant development except where listed below:

(2) If a single proposed development the subject of one development application comprises development that is only partly State significant development declared under subsection (1), the remainder of the development is also declared to be State significant development, except for--

(a) so much of the remainder of the development as the Director-General determines is not sufficiently related to the State significant development, and

(b) coal seam gas development on or under land within a coal seam gas exclusion zone or land within a buffer zone (within the meaning of clause 9A of State Environmental Planning Policy (Mining, Petroleum Production and Extractive Industries) 2007), and

(c) development specified in Schedule 1 to State Environmental Planning Policy (Mining, Petroleum Production and Extractive Industries) 2007

In accordance with the additional assessment requirements for the issued SEARs, the Department requested that the EIS demonstrate that the use of the buildings at No. 366 and 368 Crown Street for activities associated with IAMS is sufficiently related to the substantive SSD component of the application for the expansion of the existing hospital.

SSD-84096206 seeks to consolidate all allotments that form the development site, including No. 366 and 368 Crown Street, into one (1) single allotment. As such, the intention for this application is to develop the site as a whole and the entirety of the development is indeed sufficiently related with regard to the SSD guidelines and Clause 2.6(2) of the Planning Systems SEPP.

Importantly, reference is made to the definition of a hospital under the WLEP 2009:

*hospital means a building **or place** used for the **purpose of providing professional health care services** (such as preventative or convalescent care, diagnosis, medical or surgical treatment, psychiatric care or care for people with disabilities, or counselling services provided by health care professionals) to people admitted as in-patients (whether or not out-patients are also cared for or treated there), and includes ancillary facilities for (or that consist of) any of the following—*

- (a) day surgery, day procedures or health consulting rooms,
- (b) accommodation for nurses or other health care workers,
- (c) accommodation for persons receiving health care or for their visitors,
- (d) shops, kiosks, restaurants or cafes or take away food and drink premises,
- (e) patient transport facilities, including helipads, ambulance facilities and car parking,
- (f) educational purposes or any other health-related use,
- (g) research purposes (whether or not carried out by hospital staff or health care workers or for commercial purposes),
- (h) chapels,
- (i) hospices,
- (j) mortuaries.

As per the definition above, a hospital is a **place**, not just a single building, for the purpose of providing professional health care services. Therefore, the proposed development, including the use of the buildings at 366 and 368 Crown Street for professional health care services, is appropriately defined as a hospital development and there would be no reason why the tenancies at 366 and 368 would need to be separated out of the application.

Importantly, these tenancies could be located anywhere within the larger building and still have the same operation and relationship to the other services which make up the entire hospital development.

Furthermore, it is noted that there is nothing within the definition of a hospital that suggests that each of the professional health care services provided need to be intrinsically related. Indeed, and as proposed, the hospital provides a range of services and whilst they all constitute a health care service offering, they are not directly linked. For example, a patient attending the day surgery would not have any relationship with one or more of the tenancies within the same building.

Furthermore, if DPPI weren't to consider the uses of No. 366 and 368 to fall within the broader hospital definition, it is noted that health consulting rooms are specifically identified as being a type of ancillary facility to a hospital. There is no requirement about what health care professional uses the health consulting room and instead the use is ancillary on the basis that it is a use that forms part of the wider hospital development which brings together a number of health care professionals to provide a consolidated offering for the community.



With regard to the proposed uses, the tenancy at No. 366 will be utilised as a birthing centre for expecting mothers of the Indigenous community providing support before birth, strengthening relationships and ensuring patients feel culturally safe and cared for throughout their pregnancy journey. The tenancy at No. 368 will be utilised as a general medical centre for the Indigenous community, providing accessible healthcare for the community. Both tenancies will refer patients to the hospital as necessary. No changes are proposed to the existing buildings, however, landscaping and parking design will be enhanced which will improve upon the existing arrangements and ensure the sites are well-integrated with the hospital development.

Overall, the site is a privately-held parcel of land that will operate for a hospital purpose and by its very nature of being that large private landholding, the act of leasing various parts of that land for different medical purposes brings all components together.

This arrangement is not unlike any other hospital containing multiple buildings (eg Sutherland, RPA, RNS, St George) with a variety of services and offerings which are not directly related but instead are connected by being at the same place. Indeed, the Wollongong Public Hospital within close proximity also contains various buildings and independent services.

6.2.2 State Environmental Planning Policy (Transport and Infrastructure) 2021

Chapter 2 of *State Environmental Planning Policy (Transport and Infrastructure) 2021* (Transport and Infrastructure SEPP) is relevant to the proposed development is Chapter 2 'Infrastructure'.

Chapter 2 – Infrastructure

Division 10 which relates to health service facilities. Under section 2.60, development for the purposes of health service facilities is permitted with consent in the SP1 – Special Activities (Hospital) zone.

(1) Development for the purpose of health services facilities may be carried out by any person with consent on land in a prescribed zone.

A health service facility is described in the local standard instrument as:

***health services facility** means a building or place used to provide medical or other services relating to the maintenance or improvement of the health, or the restoration to health, of persons or the prevention of disease in or treatment of injury to persons, and includes any of the following—*

- (a) a medical centre,*
- (b) community health service facilities,*
- (c) health consulting rooms,*
- (d) patient transport facilities, including helipads and ambulance facilities,*
- (e) hospital.*

Hospitals are permitted at the site in line with the existing and proposed use.

The relevant matters to be considered in this Chapter are considered in the following table.

Table 17 SEPP (Transport and Infrastructure) 2021 – Chapter 2 Assessment

Matter for Consideration	Response
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Table 17 SEPP (Transport and Infrastructure) 2021 – Chapter 2 Assessment

2.77 Determination of development applications	Not applicable (N/A). There are no pipelines or pipeline corridors in the vicinity of the site.
2.98 Development adjacent to rail corridors	N/A. The site is not located near any above ground rail corridors.
2.99 Development in, above, below or adjacent to rail corridors	N/A. The site is not located near any below ground rail corridors.
2.101 Development within or adjacent to interim rail corridor	N/A. The subject site is not in the vicinity of an interim rail corridor identified.
2.102 Major development within interim Metro corridor	N/A. The site is not located within the City of Sydney.
2.103 Development near proposed metro stations	N/A. The site is not affected by the route of the Sydney CBD Metro.
2.118 Development on proposed classified road	N/A. No part of the site is reserved for a future classified road.
2.119 Development with frontage to classified road	<p>The subject site has frontage to Crown Street. The clause prevents the consent authority from granting consent to development on land with a frontage to a classified road unless it is satisfied that where practicable and safe, vehicle access to the land is provided by a road other than the classified road and the safety, efficiency and ongoing operation of the classified road will not be adversely affected by the development.</p> <p>The proposed development maintains existing access to and from Crown Street. Where new vehicular access is required, this has been done so through Urunga Parade.</p> <p>Refer to the Transport Impact Assessment at Appendix 21.</p>
2.120 Impact of road noise or vibration on non-road development	<p>Since there is an existing hospital on the site the proposed expansion is not considered to be adversely affected by any road noise or vibration. Suitable materials will be utilised in construction to mitigate any potential noise impacts, similar to those utilised in the current development.</p> <p>Refer to the Noise and Vibration Impact Assessment at Appendix 25.</p>
2.121 Excavation in or immediately adjacent to corridors	N/A. Crown Street is not a road project that is listed within this clause.
2.122 Traffic Generating development	This clause will require the formal referral of the application to Transport for NSW after the application is lodged.
2.163 Determination of development applications	The subject site is not located in proximity to either of these items of water supply infrastructure and will have no impact on the integrity of their operation.

6.2.3 State Environmental Planning Policy (Biodiversity and Conservation) 2021

Chapter 2 of *State Environmental Planning Policy (Biodiversity and Conservation) 2021* (Biodiversity SEPP) is relevant to the proposal.

Chapter 2 – Vegetation in non-rural areas

This policy works together with the BC Act and the *Local Land Services Amendment Act 2016* to create a framework for the regulation of clearing of native vegetation on urban zoned land in NSW.

Notably, a Biodiversity Waiver was issued by the Planning Agency Head on 26 November 2025 since the development is not likely to have any significant impact on biodiversity values. The application, therefore, does not need to be accompanied by a BDAR. The BDAR waiver is provided at Appendix 24.

The removal of trees and vegetation from the site has been investigated in the Arboricultural Impact Assessment (AIA) by Our Garden Path (Appendix 16).

The proposal involves the removal of nine (9) trees to accommodate the proposed building footprint.

SSD-84096206 seeks consent for the removal of all trees within the development footprint with the exception of two (2) trees nominated for retention at the frontage of the heritage building to be retained.

6.2.4 State Environmental Planning Policy (Resilience and Hazards) 2021

The relevant chapters of *State Environmental Planning Policy (Resilience and Hazards) 2021* (Resilience and Hazards SEPP) are considered below.

Chapter 3 Hazardous and offensive development

Chapter 3 of the SEPP seeks to ensure that in considering any application to carry out potentially hazardous or offensive development, the consent authority has sufficient information to assess whether the development is hazardous or offensive and to impose conditions to reduce or minimise any adverse impacts.

Both potentially hazardous and potential offensive development are defined in the SEPP as follows:

potentially hazardous industry means a development for the purposes of any industry which, if the development were to operate without employing any measures (including, for example, isolation from existing or likely future development on other land) to reduce or minimise its impact in the locality or on the existing or likely future development on other land, would pose a significant risk in relation to the locality—

(a) to human health, life or property, or

(b) to the biophysical environment,

and includes a hazardous industry and a hazardous storage establishment.

potentially offensive industry means a development for the purposes of an industry which, if the development were to operate without employing any measures (including, for example, isolation from existing or likely future development on other land) to reduce or minimise its impact in the locality or on the existing or likely future development on other land, would emit a polluting discharge (including for example, noise) in a manner which would have a significant adverse impact in the locality or on the existing or likely future development on other land, and includes an offensive industry and an offensive storage establishment.

The proposed hospital expansion is not a potentially hazardous or a potentially offensive industry and therefore consideration of Chapter 3 under the SEPP is not considered necessary.

Notwithstanding this, it is noted that the existing hospital has a gas storage located externally on the site. The storage will remain as existing and accommodate any additional gas storage supply that may be required within the same location. No additional storage facility is required within the new scheme.

Chapter 4 Remediation of land

Section 4.6 requires a consent authority to grant development consent unless:

a. it has considered whether the land is contaminated

- b. if the land is contaminated, it is satisfied that the land is suitable in its contaminated state (or would be suitable, after remediation) for the purpose for which the development is proposed to be carried out, and*
- c. if the land requires remediation to be made suitable for the purpose for which the development is proposed to be carried out, it is satisfied that the land will be remediated before the land is used for that purpose.*

A Preliminary Site Investigation (PSI) for the Proposal has been prepared by Douglas Partners and is included at Appendix 29. In its conclusion, the PSI demonstrates that the Site will be made suitable for the development and therefore satisfies this provision.

6.2.5 State Environmental Planning Policy (Sustainable Buildings) 2022

Chapter 3 Standards for Non-Residential Development

Chapter 3 of the State Environmental Planning Policy (Sustainable Buildings) 2022 (“Sustainable Buildings SEPP”) provides planning controls to enforce sustainability for non-residential development. Specifically, the chapter applies to the following non-residential development:

- (a) the erection of a new building, if the development has an estimated development cost of \$5 million or more, or*
- (b) alterations, enlargement or extension of an existing building, if the development has an estimated development cost of \$10 million or more.*

The proposed development is for the extension of an existing building with an EDC of more than \$10 million and hence the SEPP applies. Notably, Clause 3.4 also specifically applies to SSDs as follows:

3.4 Other considerations for certain State significant development

- (1) This section applies to non-residential development that is declared to be State significant development by State Environmental Planning Policy (Planning Systems) 2021, section 2.6(1) and specified in that policy, Schedule 1, sections 13–15.*
- (2) In deciding whether to grant development consent to development to which this section applies, the consent authority must consider whether the development will minimise the use of on-site fossil fuels, as part of the goal of achieving net zero emissions in New South Wales by 2050.*

In accordance with the provisions of the SEPP, an ESD report (Appendix 18) and NABERS Embodied Emissions Material Form (Appendix 19) has been prepared by Stantec to accompany this application, in addition to a Net Zero Statement (Appendix 20) by DSA Consulting. These documents confirm the ESD concepts and initiatives that are proposed to be included within the project and ensure the development delivers a sustainable project outcome including how the proposal will contribute to minimising the use of on-site fossil fuels. Refer also to Section 6.12 of this Statement.

6.3 WOLLONGONG LOCAL ENVIRONMENTAL PLAN 2009

Wollongong Local Environmental Plan 2009 (WLEP 2009) applies to the site. The principal planning provisions of WLEP 2009 are addressed under the below headings. A checklist of compliance with all clauses applicable to the proposed development is provided at Appendix 3.

6.3.1 Zoning and Permissibility

The subject site is within SP1 – Special Activities under the WLEP.

The following are the land uses permitted and prohibited within Zone SP1:



2 Permitted without consent

Building identification signs; Business identification signs

3 Permitted with consent

Advertising structures; Aquaculture; Centre-based child care facilities; Community facilities; Information and education facilities; Recreation areas; Recreation facilities (indoor); Recreation facilities (major); Recreation facilities (outdoor); Respite day care centres; The purpose shown on the Land Zoning Map, including any development that is ordinarily incidental or ancillary to development for that purpose

4 Prohibited

Any development not specified in item 2 or 3

As per the above list, the Land Zoning Map identifies the site for the purpose of a hospital and therefore any use for a hospital or any development that is incidental or ancillary to a hospital is permitted with consent in the zone.

All aspects of the development can be defined as a hospital and are therefore permissible in the SP1 zone under the provisions of WLEP 2009.

An extract of the LEP Land Zoning Map is provided at **Figure 26** below.

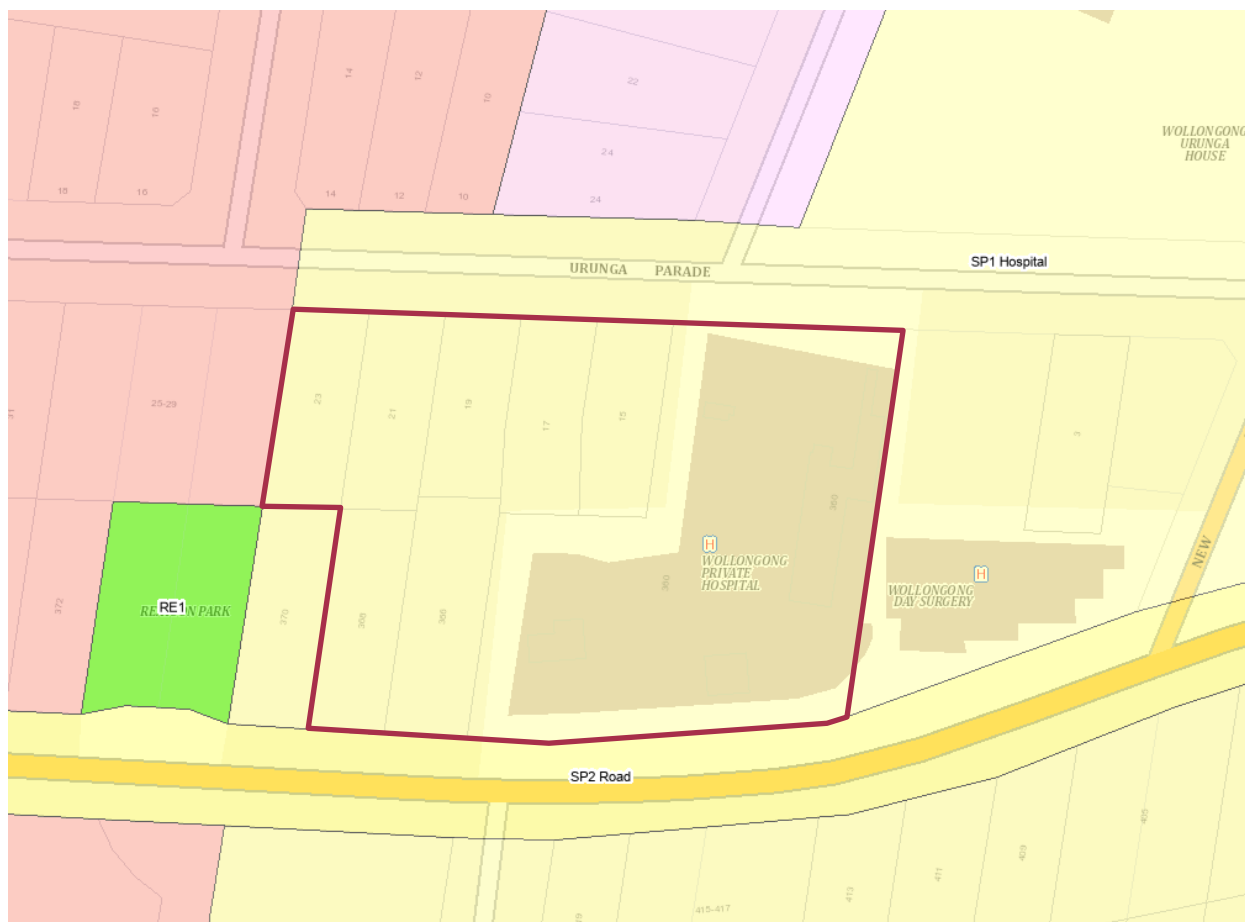


Figure 26 Land Use Zoning Map.

The objectives of the SP1 zone are as follows:





- *To provide for special land uses that are not provided for in other zones.*
- *To provide for sites with special natural characteristics that are not provided for in other zones.*
- *To facilitate development that is in keeping with the special characteristics of the site or its existing or intended special use, and that minimises any adverse impacts on surrounding land.*

The proposal is consistent with these objectives, as it seeks consent for the expansion of the existing hospital, being a special land use that is specifically permitted within this zone. The expansion of the existing hospital on the site will support and enhance the existing health precinct by capitalising on the benefits of co-location of health services. Indeed, by providing additional health services on a site which has been established as being capable of such development is a superior outcome than finding a new site with the necessary characteristics to support a hospital. The proposed expansion is sympathetic to the existing hospital building and with the scale of development both existing and approved within the locality. The proposal has been designed to avoid adverse impacts to surrounding land, particularly with regard to shadowing, visual bulk and traffic.

Overall, the proposal is considered to satisfy the objectives of the SP1 zone.

6.3.2 Building Height

Clause 4.3 of WLEP 2009 prescribes a maximum building heights as shown on the relevant height of building map. As shown in **Figure 27**, the site is subject to a maximum building height of 32m under Clause 4.3 of the WLEP.

The proposed development will extend above the building height limit as shown in **Figure 28** below.

Importantly, the existing hospital building on the site extends above the 32m building height limit by a maximum of 4.5m as shown in **Figure 28**, reaching a maximum building height of 36.5m and an existing numerical variation of 14%. The proposal will not change the height of the existing building, however, seeks to provide a new western wing which matches the existing built form on the site and therefore also extends above the permissible building height for the site to provide a scale which aligns with the approved and accepted height of development for the hospital.

As shown in **Figure 28**, the proposed development has a maximum height of 48.8m to the parapet and 51.2m to the roof plant and is therefore non-compliant. The non-compliance is a maximum of 19.2m or 60% to the roof plant above the new expansion at the north western corner of the building, being above the lowest point of the site.

It is also important to note that land to the east of the site where the existing Wollongong Public Hospital is located is permitted a building height of 60m. The proposed development sits well below 60m and is considered appropriate in the context of the surrounding locality and against the backdrop of the controls.

A Clause 4.6 for building height has been prepared to accompany the EIS at Appendix 5.



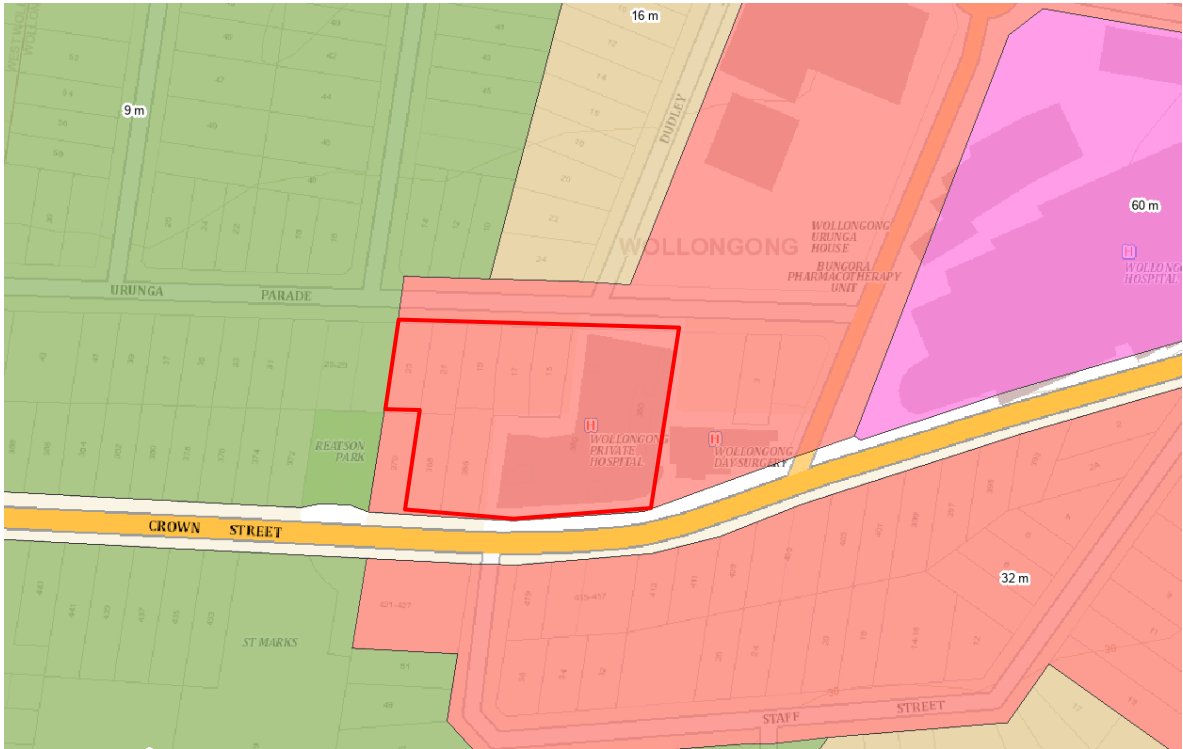
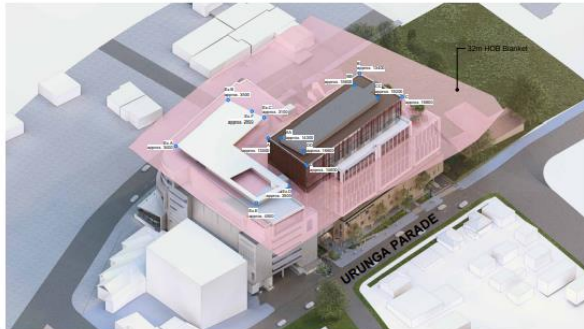


Figure 27 Building Height Map- Extract (Source: NSW Planning Portal).





Axonometric View - North East

APPROX. DISTANCE FROM POINTS TO HEIGHT BLANKET (MM)					
EXISTING BUILDING		PROPOSED BUILDING (from Parapet)		PROPOSED BUILDING (from Plant Room Roof)	
POINT	E.A. 3400	A	13000	AA	14300
	Ex.B 3500	B	13400	BB	15600
	Ex.C 3100	C	16800	CC	19200
	Ex.D 3500	D	14600	DD	16600
	Ex.E 4500				
	Ex.F 2900				



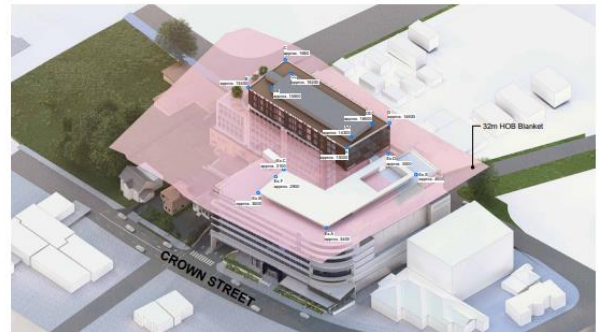
Axonometric View - North West

APPROX. DISTANCE FROM POINTS TO HEIGHT BLANKET (MM)					
EXISTING BUILDING		PROPOSED BUILDING (from Parapet)		PROPOSED BUILDING (from Plant Room Roof)	
POINT	E.A. 3400	A	13000	AA	14300
	Ex.B 3500	B	13400	BB	15600
	Ex.C 3100	C	16800	CC	19200
	Ex.D 3500	D	14600	DD	16600
	Ex.E 4500				
	Ex.F 2900				



Axonometric View - South West

APPROX. DISTANCE FROM POINTS TO HEIGHT BLANKET (MM)					
EXISTING BUILDING		PROPOSED BUILDING (from Parapet)		PROPOSED BUILDING (from Plant Room Roof)	
POINT	E.A. 3400	A	13000	AA	14300
	Ex.B 3500	B	13400	BB	15600
	Ex.C 3100	C	16800	CC	19200
	Ex.D 3500	D	14600	DD	16600
	Ex.E 4500				
	Ex.F 2900				



Axonometric View - South East

APPROX. DISTANCE FROM POINTS TO HEIGHT BLANKET (MM)					
EXISTING BUILDING		PROPOSED BUILDING (from Parapet)		PROPOSED BUILDING (from Plant Room Roof)	
POINT	E.A. 3400	A	13000	AA	14300
	Ex.B 3500	B	13400	BB	15600
	Ex.C 3100	C	16800	CC	19200
	Ex.D 3500	D	14600	DD	16600
	Ex.E 4500				
	Ex.F 2900				

Figure 28 Building height plane diagrams.

6.3.3 Floor Space Ratio

Clause 4.4 of the WLEP stipulates that the maximum floor space ratio (FSR) for a building on any land is not to exceed the floor space ratio shown for the land on the FSR Map. As shown in **Figure 29** below, the site is subject to a floor space ratio (FSR) of 1.5:1 under Clause 4.4 of the WLEP.

Notwithstanding the above, Clause 4.4A of the WLEP applies to development within the Wollongong City Centre and permits a maximum FSR within the SP1 zone for non-residential development of 3:1.

The proposed development seeks to provide a gross floor area of 39,060m² which equates to an FSR of 4.16:1, based on the site area of 9,399m². As such, the proposal will exceed the permissible GFA for the site by 10,863m² which equates to a numerical variation of 38.5% to the FSR development standard.

A Clause 4.6 for FSR has been prepared to accompany the EIS at Appendix 6.

Importantly, it must be noted that the existing hospital has an FSR of 3.63:1, based on the previous site area of 4,986m². This existing non-compliance equates to a numerical variation 20.85%.

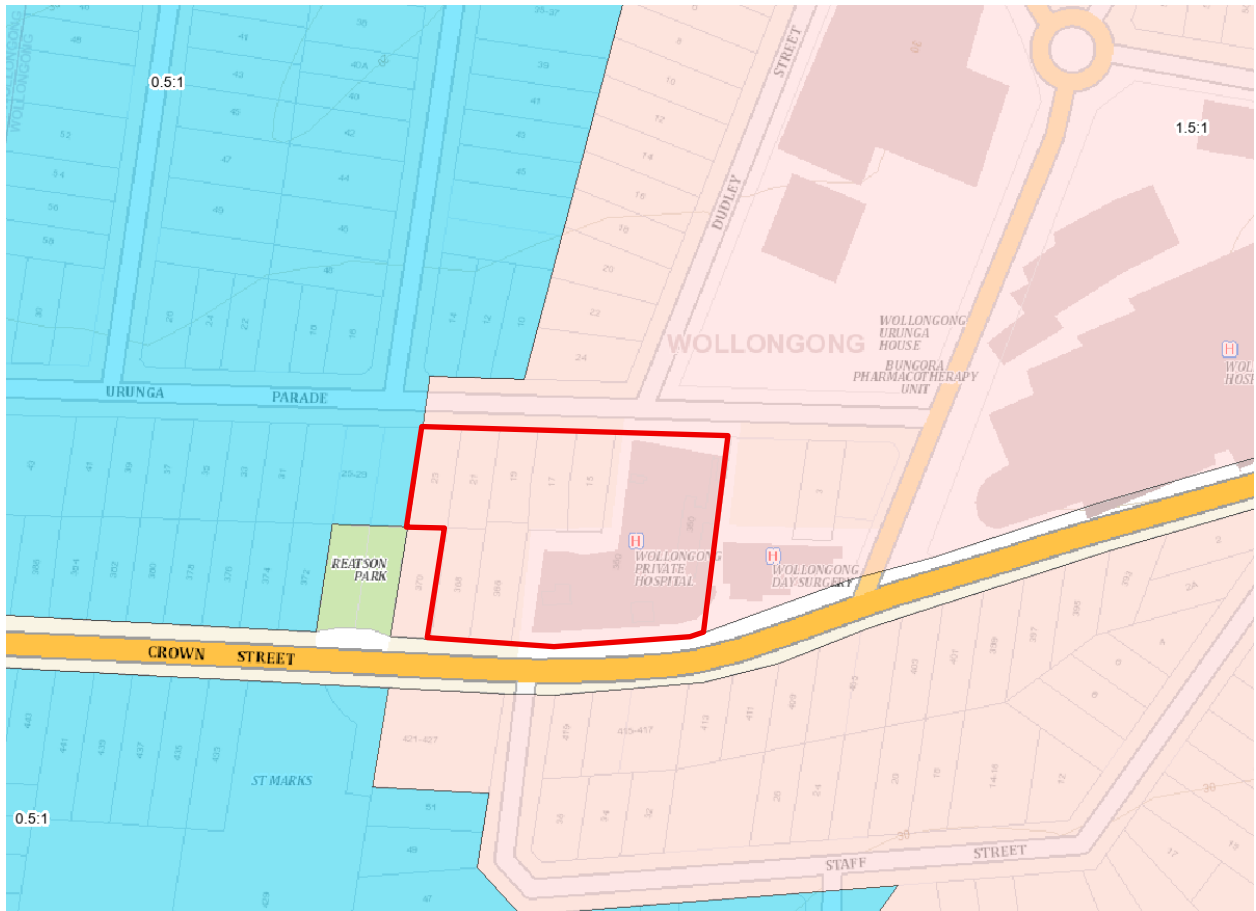


Figure 29 FSR Map- Extract (Source: NSW Planning Portal).

6.3.4 Heritage

Clause 5.10 of WLEP requires a consent authority to consider the effect of the proposed development on the heritage significance of a heritage item.

The existing dwelling on the site at No. 366 Crown Street is listed as an item of local heritage significance (Item 6243) under Schedule 5 of the WLEP, as shown in **Figure 30**.

The proposal seeks to retain the heritage item and continue to utilise the building for a medical tenancy for IAMS. The proposed works relating to the heritage item will be limited to the curtilage with regard to landscaping.

It is also noted that the site to the west of the subject site known as Beatson Park, is identified as a landscape heritage item. Importantly, the retention of the dwellings at No. 366 and 368 Crown Street ensure that there are no significant works proposed within the vicinity of the landscape heritage item, and therefore the proposal is not considered to have any adverse impact on the item or its significance.



Figure 30 Heritage Map- Extract (Source: NSW Planning Portal).

An assessment of the proposed development on the heritage significance of the item is provided in the Statement of Heritage Impact prepared by Weir Phillips Heritage at Appendix 32. A summary of this assessment is also provided at Section 6.24 below.

6.4 WOLLONGONG DEVELOPMENT CONTROL PLAN 2009

Clause 2.10 of the Planning Systems SEPP provides that development control plans do not apply to state significant development applications as follows:

- (1) *Development control plans (whether made before or after the commencement of this Chapter) do not apply to—*
 - (a) *State significant development, or*
 - (b) *development for which a relevant council is the consent authority under section 4.37 of the Act.*

Notwithstanding the above, Section 4.15(3) of the EP&A Act requires a consent authority to take into consideration any development control plan which is relevant to the subject application.

Furthermore, in relation to strict numerical compliance, attention is drawn to Section 4.15(3A) of the EP&A Act, 1979 which states as follows:

"(3A) Development control plans



If a development control plan contains provisions that relate to the development that is the subject of a development application, the consent authority:

(a) if those provisions set standards with respect to an aspect of the development and the development application complies with those standards—is not to require more onerous standards with respect to that aspect of the development, and

(b) if those provisions set standards with respect to an aspect of the development and the development application does not comply with those standards—is to be flexible in applying those provisions and allow reasonable alternative solutions that achieve the objects of those standards for dealing with that aspect of the development, and

(c) may consider those provisions only in connection with the assessment of that development application"

Subclause (b) is of most relevance as it emphasises that there may be alternatives to strict numeric compliance in achieving the objectives of a DCP control. It compels the consent authority to be flexible in the application of DCP controls where the objectives of that control are met.

A compliance table is provided at **Table 18** below which identifies that the proposal achieves a high level of compliance with the relevant provisions of the Wollongong DCP (WDCP), noting that the DCP does not have any legislative weight as part of this SSD.

Chapter D13 of the WDCP provides area specific controls that relate to the Wollongong City Centre in which the subject site is located. The proposed development is assessed against the relevant provisions of Chapter D13 in **Table 18**.

Table 18 Wollongong DCP 2009 – Compliance Table			
D13 - Wollongong City Centre			
Control	Requirement	Proposal	Complies?
1.1 City Centre Character Areas	<p>9. Special Activities – Hospitals and Medical Research and Development – is an area clustered around the Wollongong Hospital and along Crown Street, west of the railway station.</p> <p>10. This area has an excellent potential to become a hub of innovation, education and research in the city centre. The area can be supported by student and nursing staff accommodation, medical centres, doctors' surgeries, specialise rooms and associated uses. The upgrading of the railway station will offer a safe and attractive street environment and railway/bus interchange facility. The scale of new development is to be of a transition scale between the high buildings at the station to medium rise buildings to the north and south of Crown Street.</p>	<p>The proposal seeks to capitalise on the existing use of the site for the Wollongong Private Hospital to provide additional medical floor space and offer enhanced treatments and technologies to support the health precinct. The proposed built form steps down from the scale permitted at the Railway Station (120m), to provide a suitable density of development that respects surrounding properties whilst also maximising floor space for medical services and support, in a location specifically zoned for just that.</p>	Y
2.2 Building to Street Alignment and Street Setbacks	2.2.3(a) 4m minimum setback for hospitals and medical in SP1 zone	<p>The proposal is an extension from the existing hospital building. The proposed built form has been setback a minimum of 4m from the front boundary.</p>	Y

Table 18 Wollongong DCP 2009 – Compliance Table

<p>2.5 Side and Rear Building Setbacks and Building Separation</p>	<p><u>Side</u> Commercial uses – 3m up to 24m and 6m above 24m</p> <p><u>Rear</u> Commercial uses – 9m up to 24m and 12m above 24m</p>	<p>The proposal provides a minimum setback of 6m to the side boundary. Due to the nature of the site, there is no 'rear' boundary.</p>	<p>Y</p>
<p>3.6 Vehicular Footpath Crossings</p>	<p>3.6.2 a) No additional vehicle entry points will be permitted into the parking or service areas of development along those streets identified as significant pedestrian circulation routes in Figure 3.7.</p>	<p>The proposal will not provide any additional vehicle entry points along Crown Street.</p>	<p>Y</p>
<p>3.8 Building Exteriors</p>	<p>3.8.2 a) Adjoining buildings (particularly heritage buildings) are to be considered in the design of new buildings in terms of:</p> <ul style="list-style-type: none"> i) Appropriate alignment and street frontage heights. ii) Setbacks above street frontage heights. iii) Appropriate materials and finishes selection. iv) Façade proportions including horizontal or vertical emphasis. v) The provision of enclosed corners at street intersections 	<p>The proposed development has undergone considerable detailed design, including consultation with the State Design Review Panel, to resolve a built form outcome that is suitable for the site and the locality. The proposal complies with the setback requirements and provides recessive upper levels which mitigate the visual bulk of the built form. Materials and finishes proposed, in conjunction with the building articulation, create a building exterior which is sympathetic to the precinct. The proposal seeks to retain the existing heritage building on the site and provides new landscaping within the curtilage of the item. The proposed built form respects the heritage item, as detailed within the Statement of Heritage Impact prepared by Weir Phillips Heritage (Appendix 32).</p>	<p>Y</p>
<p>3.10 Views and View Corridors</p>	<p>3.10.2 a) Existing views shown in Figure 3.12 are to be protected to the extent that is practical in the planning and design of development</p>	<p>As a result of the site location there are views from the city centre towards the escarpment that may be enjoyed over the subject site. Notwithstanding this, the proposal sits predominantly behind the existing hospital building when viewed from the east. Whilst the proposal does provide an additional three levels above the existing hospital building, the impact of this expansion on any views towards the escarpment would be negligible if any.</p>	<p>Y</p>
<p>4.3 Vehicular driveways and manoeuvring areas</p>	<p>4.3.2 a) Driveways should be:</p> <ul style="list-style-type: none"> i) Provided from lanes and secondary streets rather than the primary street, wherever practical. ii) Located taking into account any services within the road reserve, such as power 	<p>The proposal provides new vehicular access from Urunga Parade only, being the secondary street frontage.</p>	<p>Y</p>

Table 18 Wollongong DCP 2009 – Compliance Table

	<p>poles, drainage pits and existing street trees.</p> <p>iii) Located a minimum of 6 metres from the perpendicular of any intersection of any two roads.</p> <p>iv) If adjacent to a residential development setback a minimum of 1.5m from the relevant side property boundary.</p> <p>b) Vehicle access is to be designed to:</p> <p>i) Minimise the impact on the street, site layout and the building façade design; and</p> <p>ii) If located off a primary street frontage, integrated into the building design.</p> <p>c) All vehicles must be able to enter and leave the site in a forward direction without the need to make more than a three point turn.</p>	<p>The new driveways are suitably located.</p> <p>The new driveways are separated from existing intersections.</p> <p>The new driveways are more than 1.5m from the adjoining residential boundary.</p> <p>Given the size of the Urunga Parade frontage, the proposed vehicle access is reasonable and is well-integrated into the overall building and landscape design. No new driveways are located off the primary frontage.</p> <p>All vehicles are able to enter and exit in a forward direction as a result of the parking and vehicle access design including turntables for loading.</p>	
4.4 On-site parking	<p>4.4.2 a) On-site parking must meet the relevant Australian Standard (AS2890.1 2004 – Parking facilities, or as amended).</p> <p>e) On-site vehicle, motorcycle and bicycle parking is to be provided in accordance with Part E of this DCP</p>	<p>The proposed parking has been designed in accordance with the relevant standards.</p> <p>Based on the DCP rates the proposal requires a parking provision of 584 car parking spaces, noting a 20% reduction is permitted. The proposal complies with a provision of 583 car parking spaces.</p> <p>With regard to bicycle and motorcycle, the DCP requires 50 bicycle spaces and 19 motorcycle spaces which the proposal complies with.</p>	Y

6.5 ESTIMATED DEVELOPMENT COST AND EMPLOYMENT

This section of the EIS provides consideration of the Estimated Development Cost (EDC) and presents the economic contribution of the proposed development and employment generation.

In response to Item 2 of the SEARs, the Table 19 below provides the specific location of each assessment of the economic impacts of the proposed development.

Table 19 Consideration of Economic and Employment Impacts

Environmental Assessment Requirement	Location of Assessment
Provide the estimated development cost (EDC) of the development prepared in accordance with the relevant planning circular using the Standard Form of EDC Report.	Refer to Appendix 7 of the EIS.
Provide an estimate of the retained and new jobs that would be created during the construction and operational	Refer to Appendix 7 of the EIS

Table 19 Consideration of Economic and Employment Impacts

phases of the development, including details of the methodology to determine the figures provided.

6.5.1 Estimated Cost of Development

The EDC has been prepared by Genius Advisory and the full report is included in Appendix 7. The estimate has been prepared in the Standard Form of Estimated Development Cost Report for State Significant Projects and Planning Circular PS24-002 'Changes to how Development Costs are calculated for planning purposes'.

The estimated cost of development is \$127,958,872 excl GST.

6.5.2 Employment Generation and Economic Impact

The Economic Impact Assessment (EIA) prepared by Macroplan at Appendix 37 sets out the methodology and estimates for:

- Employment generation during construction and operational phases
- Gap Assessment using the ISLHD as the study area alongside population projections in the Wollongong area.
- Other considerations such as the ageing population and inherent demand for health services and number of people with private health insurance.

The EIA has assessed the above criteria based on the ISLHD study area which comprises the following LGAs:

- Wollongong LGA
- Shellharbour LGA
- Kiama LGA
- Shoalhaven LGA

Employment Generation

The proposed expansion can support local economy and improve the overall health care provision within the local and wider area by providing more employment floorspace and promoting industry diversification. It will generate more employment during the planning, construction, operational and maintenance stage.

During the assumed two (2) years of construction phase, the estimated capital investment of approximately \$127 million (excluding GST) is likely to generate approximately 149 FTE jobs per annum directly in the construction industry, plus another 280 production induced indirect FTE jobs and 310 consumption induced FTE jobs elsewhere in the economy.

When fully operational, the proposed expansion is expected to deliver a total of approximately 275-320 direct FTE jobs including 70-95 hospital jobs, 180-205 jobs supported by the medical suites/tenancies and 22 jobs supported by the medi-hotel. Further to this, the direct employment will have flow-on impacts and create another 50-58 production induced indirect FTE jobs and a further 220-260 consumption induced FTE jobs elsewhere in the economy.

Gap Assessment

As outlined above, the EIA has adopted the ISLHD study area where the largest source of demand for health care services is anticipated. According to the NSW Government Department of Planning, Housing and Infrastructure (DPHI)'s 2024 Population Projections, the ISLHD is expected to grow by 152,751 residents from 2021 to 2041 at a CAGR of 1.6% (equivalent to 36.1% growth over the 20 years). Looking at the near term (2021 to 2026), the largest growth is expected from residents aged 65+ (+12,483 residents) followed by those aged 35-44 (+7,317 residents).

More specifically, the Wollongong LGA is expected to grow by 73,973 residents from 2021 to 2041 at a CAGR of 1.5% (equivalent to 34.5% growth over the 20 years). This is followed by the Shoalhaven LGA which is expected to grow by 43,621 residents from 2021 to 2041 at a CAGR of 1.7% (equivalent to 40.2% growth over the 20 years).

Research undertaken by Macroplan indicate that there is currently a provision of 485 private hospital beds within the study area, including 171 beds located within the Wollongong Private Hospital. Another 10 overnight beds within the proposed Specialist and Surgical Centre as the stage 1 development of the Illawarra International Health Precinct has been approved, as well as the planned expansion to the Nowra Private Hospital.

Based on observations of existing and approved future supply, the gap analysis indicates that there is estimated a shortage of 112 private hospital beds as of 2021. Moving forward, as the study area's resident population continues to grow steadily, it is estimated that the shortage of private hospital beds within the study area will increase to 165 beds by 2026, then further to 227 by 2031, 285 by 2036 and 344 by 2041. The Wollongong Private Hospital expansion will create capacity for the delivery of an additional 90-100 hospital beds. A table indicating the total hospital beds required is provided in **Figure 31**.

ISLHD	Benchmarks	2021	2026	2031	2036	2041
Separations	<i>Share</i>					
Same-day	73.8%	60,428	66,810	73,102	79,036	85,016
Overnight	26.2%	21,442	23,707	25,940	28,045	30,167
Total Separations		81,870	90,517	99,042	107,081	115,183
Length of Stay	<i>Avg Length of Stay</i>					
Same-day	0.5	30,214	33,405	36,551	39,518	42,508
Overnight	5.7	122,221	135,130	147,857	159,859	171,954
Total Stays		152,435	168,535	184,409	199,377	214,461
Bed Required	<i>Avg Occupancy</i>					
Same-day	70%	118	131	143	155	166
Overnight	70%	478	529	579	626	673
Total Bed Required		597	660	722	780	839

Figure 31 Total estimated hospital beds required based on population growth in ISLHD (Macroplan).

Other Considerations

The EIA has considered other potential economic impacts and implications due to the proposed hospital expansion; these are identified below:

- **Ageing Population** – Australia's population has been ageing since 2011, in both the number and proportion of the population aged 65 and older. The percentage of Australians aged 65+ has increased from 8% in 1970 to 17% in 2024 and will increase to 25% by 2071. This trend can also be attributed to the ISLHD) which is expected to grow by 48,600 residents aged 55 and older (average annual growth of 1.5%) between 2021 and 2041. Elderly people generally require greater use of health services compared to younger people, and as such, demand is expected to increase with the ageing population.
- **Training and Education** - Expanding the existing Wollongong hospital will also generate additional spatial capacity to provide vocational training and educational platforms for prospective medical and nursing graduates. As the residential population continues to grow and age, there is a greater need to cater to this growth through provision of greater services made possible through a corresponding increase in medical/health professionals. An increase in quality clinical placements is required to ensure that more professionals can perform their clinical roles when they graduate.

- **Private Health Insurance** - In line with recent trends, the number of people with private health insurance coverage is expected to increase for the foreseeable future, which will require a corresponding increase in services available to cater to this market segment. The ageing population (which is increasing in study area) has partially driven growth in private health insurance coverage. As of September 2024, 12.3 million people in Australia have Total Hospital Treatment Coverage, of which the 65+ age cohorts account for 20%.

6.6 DESIGN QUALITY

This section of the EIS considers how the proposed development responds to the relevant design guidance issued by the DPHI.

In response to item 3 of the SEARs, the following table specifies the location of each assessment of the relevant design guidance.

Table 20 Consideration of Design Quality	
Environmental Assessment Requirement	Location of Assessment
Demonstrate how the development will achieve: <ul style="list-style-type: none"> • Design excellence in accordance with any applicable EPI provisions, • Good design in accordance with the seven objectives for good design in <i>Better Placed</i>. 	Refer to Section 6.6.1 and the Design Report by CM+ and HPI in Appendix 9.
Demonstrate that the development: <ul style="list-style-type: none"> • where required by an EPI or concept approval, or where proposed, has been subject to a competitive design process, carried out in accordance with an endorsed brief and Design Excellence Strategy; or • in all other instances, has been reviewed by the State Design Review Panel (SDRP) where required under the NSW SDRP: Guidelines for Project Teams. 	The pre-lodgement version of the proposal has been considered by the State Design Review Panel (SDRP). A post-lodgement meeting with the SDRP is anticipated.
Recommendations of the jury and Design Integrity Panel (where a competitive design process has been held) or the SDRP are to be addressed prior to lodgement.	The issues raised by the SDRP have informed the amended design. A response to the items raised by SDRP is provided at Section 6.6.1 below and within the Design Report at Appendix 9.

6.6.1 Design Quality and Design Excellence

The proposal was subject to a pre-lodgement review by the State Design Review Panel (SDRP). The comments raised by the SDRP have been considered and the proposed development has been amended to address concerns where practicable. Each item raised by the SDRP is addressed in the Design Report prepared by CM+ and HPI at Appendix 9.

6.7 BUILT FORM AND URBAN DESIGN

This section of the EIS provides consideration of how the proposed development responds to the relevant built form and urban design issues.

In response to item 4 of the SEARs, the following table specifies the location of each assessment of the proposed built form. Further consideration and assessment of the built form and urban design is provided below.

Table 21 Consideration of Built Form and Urban Design

Environmental Assessment Requirement	Location of Assessment
Explain and illustrate the proposed built form, including a detailed site and context analysis to justify the proposed site planning and design approach.	Refer to the Design Report by CM+ and HPI in Appendix 9.
Demonstrate how the proposed built form (layout, height, bulk, scale, separation, setbacks, interface and articulation) addresses and responds to the context, site characteristics, streetscape and existing and future character of the locality.	Refer to this Section and the Design Report by CM+ and HPI in Appendix 9 and below.
Demonstrate how the building design will deliver a high-quality development, including consideration of façade design, articulation, materials, finishes, colours, any signage and integration of services.	Refer to the Design Report by CM+ and HPI in Appendix 9.
Assess how the development complies with the relevant accessibility requirements.	Refer to the Design Report by CM+ and HPI in Appendix 9 and the Accessibility Review Report by ABE Consulting in Appendix 12.

Overall, the proposal will deliver a high quality built form with an external appearance that makes a positive contribution to the streetscape and to the overall character of development within the locality. The new hospital expansion will reach twelve (12) storeys in height, sitting at a height and scale that is sympathetic to the existing nine (9) storey hospital on the site.

The proposed built form has been carefully considered and designed to complement the existing hospital on the site and to ensure when complete the overall development expresses a cohesive and consistent character which aligns with the emerging character of the health precinct. The western wing sits at a height which is appropriate for the context of the locality, specifically with regard to the Wollongong Public Hospital, and appropriate for the strategic vision and demand for increased health services within the precinct. The scale of the proposal is mitigated through the recessive design of the upper storeys which successfully mitigates the visual bulk of the expansion, particularly when viewed from the adjoining residential zone. The proposed built form whilst reaching 12 storeys in height will step down to 7 storeys at the interface with the adjoining R2 zone, whilst also retaining the single storey buildings at No. 366 and 368 Crown Street to further mitigate the visual bulk of the proposed built form. This proposed transition is enhanced through the significant and detailed articulation of the built form at this interface.

The proposal provides building setbacks and separation to adjoining sites which achieves, and in some cases, exceeds the requirements, to mitigate visual bulk and less the impact of the proposal when viewed from adjoining sites. The series of setbacks as well as recessed surfaces, vertical elements and projecting features results in a highly articulated façade. The façade has been modulated and finished to provide a transition from the existing hospital to the neighbouring low scale buildings.

Internally, the built form has been designed to ensure safe and efficient operations of the hospital, particularly with regard to how the existing floor space connects with the new western wing. The proposed design represents a well thought out and planned internal layout that complements and connects to the existing hospital in such a way that allows for operation of the existing hospital to continue throughout construction of the expansion. The layout supports universal accessibility to all public spaces with equitable paths to all internal spaces and drop off areas. A key aspect of the proposed built form and layout at the ground floor is the new through site link that provides a connection between the two street frontages and the main social spaces of the hospital.

All services will be concealed within the building. These details are more appropriately finalised with Construction Certificate documentation and subject to suitable conditions of consent requiring integration and minimal visual exposure.

Further interrogation of the proposed built form and urban design are provided in the Design Report prepared by CM+ and HPI, at Appendix 9.

6.8 ENVIRONMENTAL AMENITY

This section of the EIS provides consideration of how the proposed development performs with regard to environmental amenity of the proposal and the site, and the potential environmental amenity impacts on the surrounding properties.

In response to item 5 of the SEARs, the following table specifies the location of each assessment of the proposed environmental amenity.

Table 22 Consideration of Environmental Amenity	
Environmental Assessment Requirement	Location of Assessment
Address how good internal and external environmental amenity is achieved, including access to natural daylight and ventilation, pedestrian movement throughout the site, access to landscape and outdoor spaces.	Refer to this Section and to the Design Report by CM+ and HPI in Appendix 9.
Assess amenity impacts on the surrounding locality, including lighting impacts, solar access, visual privacy, visual amenity, view loss and view sharing, overshadowing and wind impacts. A high level of environmental amenity for any surrounding residential or other sensitive land uses must be demonstrated.	Refer to this Section, the Design Report by CM+ and HPI in Appendix 9 and the Architectural Plans by CM+ and HPI in Appendix 8.
Provide a solar access analysis of the overshadowing impacts of the development within the site, on surrounding properties and public spaces (during summer and winter) at hourly intervals between 9am and 3pm, when compared to the existing situation and a compliant development (if relevant).	Refer to the Architectural Plans by CM+ and HPI in Appendix 8.

6.8.1 Amenity of the Site

The proposed hospital expansion has been sited and designed to maximise the internal and external amenity of the development, to provide a high quality facility that provides a high standard of amenity for patients and staff alike. A range of design features and choices have been made with regard to building layout, access arrangements, open space and landscaping to achieve a reasonable level of overall amenity.

The proposed expansion will line the northern boundary of the subject site, maximising the exposure of the hospital to direct sunlight throughout the year. The same will apply for the Level 7 terrace which will have excellent access to sunlight at mid-winter. With regard to ventilation, natural ventilation has been maximised where practicable, however, due to the nature of the land uses which relies on sterile environments, mechanical ventilation will often be relied upon.

Importantly, one of the key design initiatives for the proposal is the improvement of pedestrian movement and connection throughout the site. The proposed design incorporates a new 'Hospital Street' which runs through the centre of the hospital providing a new pedestrian connection between Crown Street and Urunga Parade. The new link, open to the public during normal business hours, also connects a series of spaces that complement the hospital address points including Urunga terrace, retail spaces, café areas, sitting areas and the atrium. Furthermore, on a more simple

level, the building's layout supports universal accessibility to all public spaces including equitable paths to all internal spaces and drop off areas, providing the building lifts access to navigate all hospitals wards. A continuous travel path has been provided at both hospital address points on Crown Street and Urunga Parade as per BCA and DDA requirements. The streetscape facing Urunga Parade has significant falls from the existing locking dock down to the new hospital entrance, and as such new landscape levels and stairs are incorporated to provide accessible pathways.

A high level of landscaped amenity is provided to support the different user groups that will occupy the development once complete. The proposed landscape design provides various spaces across the site that offer landscape opportunities to soften the built form and enhance the experience of visitors when using these spaces. Landscaping at the ground level concentrates deep soil towards the western boundary and around the existing dwellings at No. 366 and 368 Crown Street. These spaces will be utilised by IAMS and the landscape design responds to this through the provision of native planting including medicinal and healing species. Landscape planters and garden beds line the pedestrian and vehicle access points to visually soften the built form and expanses of hard paving. The proposed terrace at Level 2 provides a central landscaped and cultural feature that hospital rooms and spaces will overlook to enhance the experience of staff, patients and visitors. At Level 7, the proposal provides a sky garden with seating opportunities and landscaped planters that create a natural breakout space for users of the hospital to enjoy.

As part of the proposal, the existing café is also proposed to be expanded and enhanced which will add to the amenity of the hospital and the overall satisfaction of users.

6.8.2 Amenity of Surrounding Sites

SSD-84096206 has been purposefully designed in response to the site and surrounding context, and with regard to the concerns raised by the SDRP, in order to provide a built form and architectural design that minimises environmental amenity impacts resulting from the proposal, as detailed below.

Visual Privacy

The proposed expansion does not result in any adverse additional privacy impacts. The proposal has been designed to maximise privacy for adjoining residential properties through the orientation of windows and openings, proposed building separation and landscaping to the shared boundary. Specifically with regard to the upper levels of the development where the studios for the medical accommodation are proposed, a setback over 24m from the western side boundary adjoining the R2 Low Density Residential zone is provided. Whilst not technically applicable to this type of land use, the ADG would only require a 12m setback for habitable rooms and private open spaces above 9 storeys in order to ensure visual privacy is achieved. The proposed studios are setback more than double the requirement under the ADG and therefore are not considered to create any adverse privacy impacts on the adjacent properties as a result of the building separation afforded by the built form design and siting.

Views

The scale of the development does not result in unreasonable view loss for surrounding properties as a result of the location and context of the site within the health precinct. When considering the extent of view sharing, it is noted that the scale of development proposed is consistent with the existing hospital building and the proposal will not result in any adverse view loss to Wollongong Beach to the east or to the Illawarra Escarpment to the west from nearby properties than reasonably enabled by the existing built form controls.

With regard to views towards Wollongong Beach, the Wollongong CBD is located further east than the subject site and permits development up to 120m in height. Development of this scale would block the views over the subject site, if any, and therefore the scale of development proposed on the subject site will not have any adverse view loss implications. The same applies to views to the Illawarra Escarpment as a result of the Wollongong Public Hospital. Indeed, the public hospital would block the majority of views from residential properties that could be enjoyed over the



subject site looking directly west and south west towards the escarpment. Furthermore, when considering the R2 zoning of the surrounding locality, views towards the escarpment from surrounding properties would be impacted by a fully compliant development, and the additional bulk and scale proposed on the site that is in exceedance of the height and FSR limit will not result in an unreasonable level of view loss. Views from the public hospital itself to the escarpment will be retained due to the expansive western site boundary of the public hospital offering uninterrupted views towards the west. As such, it is anticipated the extent of view loss caused by the proposal would be insignificant or nil as a result of the sites location.

Shadows

The proposed development has been purposefully designed to protect the solar gain of the residential properties to the west and south of the subject site, specifically, No. 29 Urunga Parade and No. 370 Crown Street, and those residential properties along the southern side of Crown Street. The proposal has been designed to locate the proposed expansion as far north on the site as possible to ensure that the majority of shadowing cast by the proposed expansion falls over the subject site itself and not the adjoining sites or public areas. It is however noted that due to the north-south orientation of the site, overshadowing of land to the south is unavoidable, noting that the east-west aligned Crown Street frontage already experiences overshadowing from the existing multistorey hospital building.

Shadow diagrams for the proposal are included in the Architectural Plans prepared by CM+ and HPI at Appendix 8 and are provided at **Figure 32** overpage.



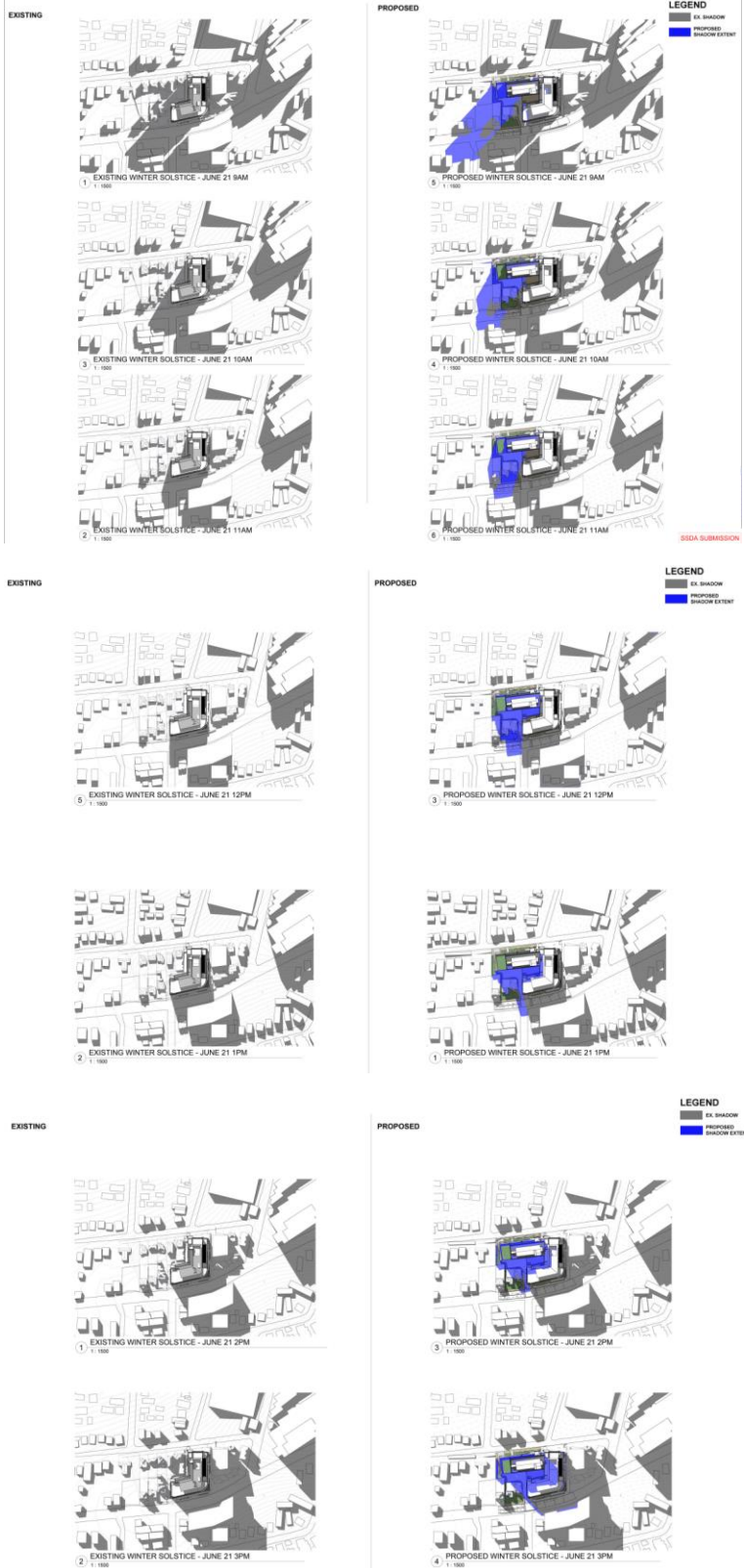


Figure 32 Existing vs proposed shadow diagrams at winter solstice.





Where the proposal increases the amount of overshadowing cast over a residential property, the property will still receive an adequate amount of direct sunlight year round, as shown in the submitted shadow diagrams for the winter solstice, equinox and summer solstice. Indeed, during the equinox and summer solstice the proposal will have negligible, if any, shadowing impacts on any residential properties with the extent of shadow cast predominantly over the subject site and the Wollongong Day Surgery. Furthermore, during these times Beatson Park will receive uninterrupted solar access from 11am until 3pm.

During the winter solstice, or mid-winter, the proposal will result in minor additional overshadowing to the surrounding properties, predominantly at 9am and 3pm. At 9am, the proposal will overshadow the residential properties at No. 29 Urunga Parade and No. 374 Crown Street, as well as No. 433 Crown Street to the south. Whilst these properties will be impacted at 9am, they will receive ample exposure to sunlight for the remainder of the winter solstice from 11am. The proposal will also overshadow the adjoining property at No. 370 Crown Street from 9am until 12pm during mid-winter. The use of this building is unclear as it currently appears vacant, however the site is zoned SP1 for hospital use, and therefore, it is likely that the site will be utilised for a medical purpose rather than for residential. Nevertheless, No. 370 Crown Street will receive good sunlight access after 12pm. Other properties overshadowed by the proposal at 9am are non-residential including the general practitioner at No. 372 Crown Street, the café at No. 433 Crown Street and the group of commercial properties including the Ampol service station at Nos. 421-427 Crown Street. Whilst solar access for these properties is not critical, they will receive exposure to direct sunlight from 11am during the winter solstice. At 9am, the proposal will also cast a shadow over Beatson Park, being a public area, however, from 11am the park will continue to have views to the sky and have uninterrupted solar access for the remainder of the winter solstice.

At 11am and 1pm, overshadowing will fall over Crown Street and the non-residential properties along Crown Street only. Importantly, the properties affected by the proposal include a general practitioners office, an anaesthetic specialist, an obstetrician-gynaecologist and a vacant site that is subject to an approval for a six (6) storey health services facility building. As such, given the nature of the land uses, the extent of shadowing is not considered to have an adverse amenity impact on the users of the buildings and is considered to be a reasonable outcome for development in the SP1 zone.

By 3pm, the bulk of overshadowing caused by the proposal falls over those non-residential properties along Crown Street only and the extent of shadowing is not entirely different from the shadows cast by the existing development. As such, the proposal will not result in any significant or detrimental solar access implications at this time.

As demonstrated on the submitted Architectural Plans, the proposal will not have any significant solar access implications, noting that the locality is zoned for SP1 and is predominantly non-residential in nature. Furthermore, the design and siting of the expansion have ensured that overshadowing is localised to predominantly fall within the site itself. That is, the design measures implemented ensure that the solar gain of neighbouring properties will not be adversely impacted.

Overall, given the siting and location of the existing building, north-south orientation and steep topographical incline, it is reasonably anticipated that unavoidable overshadowing will occur to the neighbouring buildings. Notwithstanding and as discussed above, the proposal will ensure that adequate levels of solar access will be provided to the neighbouring properties. It is also noted that the proposal will not result in any adverse impact to the solar gain of the public domain. Indeed, Beatson Park will only be overshadowed at 9am during the winter solstice.

Wind

A Wind Impact Assessment has been prepared by ViPAC and is provided at Appendix 13.

The report provides an assessment of the pedestrian wind effects in ground level and terrace areas of the proposed development.



The results of the assessment indicate that the development is expected to be suitable for the intended use of the outdoor trafficable areas.

The Statement concludes that with the proposed design:

- Wind conditions by the proposed development would be expected to be within the safety criterion.
- Wind conditions in the ground level footpath areas and access ways would be expected to be within the walking comfort criterion.
- Wind conditions in the main entrances would be expected to be within the standing comfort criterion.
- The balcony on Level 2 would be expected to be within the recommended walking comfort criterion.
- The rooftop sky garden on Level 7 is expected to have wind conditions within the recommended standing comfort criterion. Additional treatment is recommended should the sitting criterion be required.

6.9 VISUAL IMPACT

In accordance with item 6 of the SEARs, a Visual Impact Assessment (VIA) has been prepared by Hatch and is provided at Appendix 14.

The VIA investigates the potential visual impacts that the proposed development may have on the surrounding and adjacent publicly accessible areas, and provides detailed assessment of the sensitivity and magnitude of the changes from different vantage points in comparison to the existing buildings.

6.9.1 Existing conditions

The existing visual catchment analysed includes:

- Surrounding large scale buildings including the existing Wollongong Public Hospital;
- The existing Wollongong Private Hospital; and
- Mature trees located west of the site.

6.9.2 Proposal

Nine (9) relevant view points were analysed and view massing diagrams are included in the VIA in Appendix 14.

The VIA concludes as follows:

*Overall, the visual impacts assessed from multiple viewpoints surrounding the site result in impacts ranging from **none** to **high/moderate**. This is mostly due to the proposals integration with the existing Wollongong Private Hospital, small footprint and compatibility with the existing scale and facade treatment.*

“There are limited public views towards the site that are not already screened by landscape. Where visible, the proposal is consistent with the existing Wollongong Private Hospital and reinforces the character of the area as a health precinct. In addition, the proposed architectural design helps integrate the proposal into its setting.”

The VIA concludes that, subject to the recommendations below, the proposal (SSD-84096206) is deemed acceptable from a visual impact perspective.

6.9.3 Management and Mitigation Measures

The VIA recommends the following:

- Retaining high quality landscaping and existing mature trees to reduce the visual impact in close proximity.

- Retaining native planting to reinforce the existing landscape character of the precinct.
- Scale, bulk and facade treatment consistent with the existing Wollongong Private Hospital.
- Facade treatment and horizontal articulation to reduce the height impact.
- Material and colour selection that blend with the existing Wollongong Private Hospital and surrounding landscape to reduce the visual impact.

6.10 PUBLIC SPACE

SSD-84096206 will enhance the sites relationship with the public domain and overall have a positive impact on the streetscape and pedestrian experience.

The Design Report at Appendix 9 details on the proposed public space design as required by item 7 of the SEARs.

The proposed development improves the pedestrian movement and experience by increasing the public accessibility in and around the site. Key to the pedestrian movement and experience is the new 'Hospital Street' which provides an internal through site link that connects Crown Street and Urunga Parade. The link will be open to the public during normal business hours of the hospital and will also connect to a series of social spaces within the hospital including café, drop off areas and sitting areas.

The existing Crown Street hospital entrance will be enhanced to provide new paving and bicycle parking areas which connect to the new through site link. The street frontage to Urunga Parade will be improved with a new paved footpath responding to the levels of the site, and new landscaped planters, ramping and stair access to connect to the new lobby space and the through site link.

The proposal will retain vehicle access from Crown Street but will proposed new driveways off Urunga Parade to access the basement parking levels. The proposed driveways are of an appropriate width so as to ensure they do not dominate the frontage but still permit a reasonable level of access to manage traffic coming in and out of the site.

The ground floor provides active street frontages through the expansion of the existing café and the new Medi-hotel concierge and lobby, as well as the new pedestrian entrance from Urunga Parade.

The building mass has been arranged on site to mitigate perceived bulk and scale of the proposal, particularly when viewed at street level. Specifically, upper levels are set back from the edge of the podium and this ensures that the building retains a 'human' scale at the street edge.

Notably, to address item 7 of the SEARs, a CPTED Report is provided at Appendix 15, which provides an assessment of the proposal against the CPTED principles in accordance with the required Guideline. The proposed connectivity, built form arrangement and accessibility ensure an appropriate level of casual surveillance is achieved.

6.11 TREES AND LANDSCAPING

To address item 8 of the SEARs, an AIA has been prepared by Our Garden Path and included at Appendix 16.

Vegetation existing on the site is limited to eleven (11) trees, predominantly located towards the northern boundary to Urunga Parade, where the hospital expansion is proposed. Two (2) trees are located along the Crown Street frontage, within the curtilage of the heritage item, and are to be retained by this proposal.

No trees on adjoining properties will be negatively impacted by the proposal.

The nine (9) trees proposed for removal have a low retention value and are located within the proposed building footprint, and therefore their removal is considered to be reasonable.



The proposal provides suitable replacement planting, particularly along the western side boundary, which provides a wide deep soil strip that is capable of supporting quality mature tree plantings. This landscape area connects to landscaping surrounding the existing heritage house which is to be retained and used by IAMS. As such, the landscaping around the curtilage of the item will consist of native plants have been chosen that are low maintenance and provide for education and healing purpose.

Landscaping opportunities are also maximised along the street frontages, at the Level 2 terrace and the Level 7 sky garden, with an emphasis on connecting with country in terms of the landscape design.

Refer to the Landscape Plans prepared by Site Design+ Studios at Appendix 17.

6.12 ECOLOGICALLY SUSTAINABLE DEVELOPMENT (ESD)

To address item 9 of the SEARs, evidence that the proposal demonstrates Ecologically Sustainable Development (ESD) has been prepared by Stantec and is included at Appendix 18 (ESD Report) and Appendix 19 (NABERS Embodied emissions materials form). In addition, item 9 of the SEARs is addressed in the Net Zero Statement (Appendix 20) addressing the provisions of Chapter 3 of SEPP (Sustainable Buildings) 2022 (refer also Section 6.2.5 of this EIS).

The proposal will incorporate several ecologically sustainable initiatives and energy efficiency measures including the following:

- Energy efficiency initiatives to reach a 10% improvement on NCC compliance, with an aspirational target of 20% (energy ratings of HVAC systems, led light fixtures, PV system);
- Water efficiency Initiatives (WELS ratings on fixtures/appliances); and
- Sustainable material selection (Low VOC materials).

The specific initiatives that will be installed across the development will be determined throughout the design finalisation process and will be subject to feasibility analysis, including that of the final use and layout provided by the main works contractor.

Overall, the development's commitment to reducing the overall environmental impact is evident of the holistic approach taken to long-term sustainability, noting that the act of retaining and expanding the existing hospital is sustainable in itself.

All of the ESD commitments will have positive impacts and no mitigation or management measures are required for their implementation as these commitments are part of, and intrinsic to, the Proposal.

6.13 TRAFFIC, TRANSPORT AND ACCESSIBILITY

A Transport Impact Assessment (TIA) has been prepared by TTPP and provided at Appendix 21 to address item 10 of the SEARs. The report provides details of all traffic types and volumes likely to be generated during construction and operation, assesses the capacity of the surrounding road network and discusses the proposed site access locations and parking arrangements. A Green Travel Plan has also been prepared by TTPP at Appendix 23.

A Construction Traffic Management Plan (CTMP) has been prepared by TTPP and is included in Appendix 22 and also addresses item 10 of the SEARs, namely how the impacts of construction activity associated with the proposal can be appropriately managed through all stages of construction with regard to traffic management and pedestrian access. Details of the CTMP are provided at section 6.29 of this EIS which also relates to construction, operation and staging.



6.13.1 Traffic

The TIA has assessed the proposed traffic generation and identifies that, based on survey data for the existing hospital, SSD-84096206 will result in peak hour traffic activity of 251 vehicle trips per hour in the AM (7.30am-8.30am) and 228 vehicle trips per hour in the PM (4.30pm-5.30pm). This is equivalent to an additional 135 vehicle trips during the AM peak hour and 125 vehicle trips during the PM peak hour.

Based on the assessment and modelling that has been undertaken, the TIA concludes that the development traffic would not result in any significant additional delays to the performance of the nearby intersections. Hence, it is not expected to cause any adverse impacts on the local road network.

The TIA also refers to the Green Travel Plan, which will ideally reduce car travel and increase sustainable travel modes.

6.13.2 Parking

The TIA also sets out the applicable parking requirements for the proposed development.

The proposal is subject to the parking requirement within the Wollongong Development Control Plan (WDCP) 2009.

For hospital land uses, it is required to provide the following car parking rates:

- 1 car space per practitioner
- 1 car space per 2 employees
- 1 car space per 2 beds

For medical centre and health consulting suites, it is required to provide the following car parking rates:

- 4 car spaces per consulting room
- 1 car space per 3 staff

The following car parking rates apply for other proposed land uses as follows:

- Retail - 1 space per 50m² GFA.

Notably, the WDCP does not stipulate any specific car parking rates for ED, recovery oncology, medi-hotel and central sterile supply department. On this basis, the TIA has assessed the recovery oncology and central sterile supply department land uses as hospital use, which are based on the number of practitioners, employees and beds. The number of staff in the ED has been considered in the proposed overall staff number. The medi-hotel land use car parking requirement has been assessed as hotel/motel accommodation under the WDCP.

In accordance with the above requirements, the development would have a combined parking requirement of 584 spaces.

It is however acknowledged that the WDCP states that for developments within Wollongong LGA where the subject site is located within approximately 800m of a railway station (measured along an existing footpath), a 20% reduction in car parking spaces can be sought.

Given the Hospital is located within 800m walking distance of Wollongong train station, a 20% reduction in car parking rates is permitted for the Hospital.

The proposal seeks to provide 583 car parking spaces (including pick up/drop off bays), which complies with the minimum WDCP requirement when considering a reduction of up to 20% can be permitted.

The proposal will provide accessible parking at a rate of 1 space per 100 parking spaces in accordance with the WDCP and NCC requirements.

The proposal will also provide motorcycle and bicycle parking in accordance with the WDCP.

6.13.3 Green Travel Plan

The Green Travel Plan (GTP) has been prepared by TTPP (Appendix 23) to promote public transport and active transport use and assist in the management of the future travel demand following occupation of the development.

The GTP provides details of the existing transport context of the site including public transport infrastructure, pedestrian and cycling infrastructure, car share facilities, taxi and ride share services and existing modal share.

THE GTP provides a number of measures that shall be put in place to influence the travel patterns to and from the site, including the following site specific measures:

- Walking and cycling
 - The site will be well serviced by adequate pedestrian infrastructure. A walking map showing essential amenities in the vicinity of the site will be provided on noticeboards, newsletters, websites and social media to inform employees of the walking wayfinding surrounding the site.
 - Bicycle parking spaces are necessary to encourage cycling to/ from the subject site. Given the site will be located close to the future shared paths and cycleways, employees will be more likely to cycle to/ from the site. Cycling maps shall be made available on the information board on-site to provide further information on how they connect to the wider cycling network. This ensures that employees are made aware of surrounding active transport infrastructure.
 - 52 bicycle parking spaces will be provided for the expanded portion of the proposed development. These bicycle parking spaces will be located within a secured bicycle storage area and are easily accessible by employees and visitors. Bicycle parking occupancy will be continuously monitored and, if necessary, increase the supply to accommodate any future increase in demand. End-of-trip facilities, including showers, lockers, and change rooms will also be provided on-site to further encourage cycling as a travel mode share.
- Public transport:
 - Public transport maps shall be provided on an information board on-site and the website to raise awareness amongst employees and visitors on alternative transport options available in the area. This information will also be included a welcome pack for employees to ensure that they are made aware of the public transport surrounding the area and its coverage with the wider Wollongong LGA and the nearby suburbs.
- Car sharing:
 - As detailed in Section 3.3, three car share pods (e.g., GoGet) are available near the Wollongong train station, within walkable distance from the subject site. These car sharing vehicles could be used by staff who have not driven to work and require vehicles during the day. In addition, the car sharing vehicles could be utilised by employees who seldomly require private vehicle for travel, thus reducing the car ownership rate.
 - There could be good incentives to introduce GoGet shared cars within the expanded Hospital site. The Proponent may consider liaising with car share companies to install car sharing pods in the vicinity of the site to further increase the attractiveness of car share. This will further encourage employees to use shared cars rather than owning a private car.
 - Information of available car share facilities within the vicinity of the development will be made available to all employees as part of the welcome pack, via newsletter, and/ or website.
- Car pooling:
 - The Hospital shall consider providing education and promotional campaigns for employees to increase carpooling activities and potentially reduce the number of vehicles on the road. The Hospital

may also provide information to all employees and new starters, which could be promoted on the information board and newsletters, to help people find carpool buddies in their daily commute.

- On-site amenities and services
 - It is proposed to provide retail services and other amenities on-site to help discourage employees to travel off-site, reducing the need for car travel. In addition, the site is located within the Wollongong metro area, which enjoys extensive foods and beverages offers within walkable distance.
 - All the available on-site amenities will be informed to employees via a brochure, map, along with the locations of each amenity.

The GTP also includes a Transport Access Guide which provides a visual look of the available transport infrastructure surrounding a site, making it easy to see the relationship of the site to train stations, bus stops, walking and cycling infrastructure, etc.

Furthermore, Section 6 of the GTP provides recommendations for the management and monitoring of the plan which should be implemented.

6.13.4 Access

The existing site provides the main vehicle access off Crown Street via a signalised intersection. This access is currently used for access to ED and egress from the basement car park.

The proposed redevelopment seeks to reconfigure the access arrangements to reduce traffic off Crown Street and provide greater separation between ambulance routes and general traffic routes. On this basis, it is proposed to limit the Crown Street driveway to ambulances accessing the new ambulance parking facility and to vehicles picking up and dropping off passengers to ED.

The driveway off Urunga Parade will be provided as two-way (comprising one access lane, and two egress lanes) to accommodate general vehicle access to/ from the basement car park and to the new pick up/ drop off facility in the lower ground level. The existing egress ramp from the basement car park to the ground floor which leads to the Crown Street access will be disused, ensuring that all traffic access the site through Urunga Parade.

The new pick-up/ drop-off facility on lower ground will be secured behind boom gates, with 15-minute free parking to be introduced for the future development to enable convenient pick-up/ drop-off arrangements.

The lower ground floor has been designed with an internal roundabout facility to enable pick-up/ drop-off vehicles to either continue through to basement car parking or turn around and exit the site onto Urunga Parade.

The Traffic Impact Assessment confirms that the proposed vehicle crossings, driveways and manoeuvring areas have been designed in accordance with the Australian Standards with regard to access width and gradient.

6.13.5 Servicing

The existing loading dock with capacity for two Medium Rigid Vehicles (MRV) is to be retained.

In addition, a new loading dock with a dedicated driveway and 8m diameter turntable is to be provided off Urunga Parade to service the expanded site. The loading dock has capacity for small rigid vehicles, including and up to the Veolia Rear Lift Waste Truck, which is 7.4m in length, and the turntable will facilitate vehicles accessing and exiting the site in a forward direction.

The existing and proposed loading facilities is to be subject to a future Loading Dock Management Plan, which will involve the introduction of a booking system where service vehicles are to arrive by appointment only. This would ensure the smooth and efficient operation of the site loading docks and avoid any unnecessary scheduling conflicts that could result in queuing on the public road.

6.14 BIODIVERSITY

As detailed within the Biodiversity Development Assessment Report (BDAR) Waiver prepared by Our Garen Path which was submitted to the Department of Climate Change, Energy, the Environment and Water, SSD-84096206 is considered unlikely to have a significant impact on threatened species or their habitats for the following reasons:

- The proposal does not involve the removal of any vegetation.
- No threatened species or threatened ecological communities have been identified within the subject site.
- The site is not part of a recognised movement corridor between breeding grounds, foraging grounds, or other habitats important for the lifecycle of species such as staging points for migration.
- No barriers to movement will be introduced and no further fragmentation of habitats will occur.
- Flight path integrity will not be impacted.

On this basis, a BDAR Waiver was issued on 20 November 2025 by the Department of Climate Change, Energy, the Environment and Water. The BDAR Waiver satisfies item 11 of the SEARs.

6.15 NOISE AND VIBRATION

To address item 12 of the SEARs, a Noise and Vibration Impact Assessment (NVIA) for the proposed development has been prepared by Stantec in accordance with the required Guidelines and is included at Appendix 25.

The NVIA discusses the potential noise impact from the proposed development as detailed in the reference design on the nearest most-affected receivers and the requirements for the proposed development to achieve appropriate acoustic amenity within.

The assessment identifies the potential acoustic issues relating to the development during both construction and operation, as discussed below.

6.15.1 Operational Noise Assessment

The following activities have been identified as being likely to generate noise with the potential to impact the surrounding environment. These noise sources include:

- Continuous noise from mechanical plant such as cooling towers, air handler units (AHU), chillers, condenser units and fans.
- Intermittent traffic noise from light weight trucks entering the loading dock delivering various type of goods
- Intermittent traffic noise from car movement entering and exiting the carparks located on site
- Intermittent noise from ambulances accessing the emergency department unit

Mechanical Equipment

Noise generation by mechanical equipment in association with the proposed development is to be managed to ensure external noise emissions are not intrusive and do not impact the amenity of the nearest sensitive receivers.

At this stage, selections for mechanical equipment have not been made; therefore, it is not possible to undertake a detailed assessment of the noise emissions generated by mechanical plant. Nevertheless, to meet the external noise emissions requirements for noise generated by the mechanical plant and equipment the following are some typical mitigation measures that can be implemented:

- Where possible, locate plant as far away from possible noise sensitive receivers as practical to minimise the aggregate noise level.

- Select low noise mechanical equipment. Acoustic louvres or solid barriers may be required, surrounding plant items on the rooftop or adjacent to noise sensitive receivers. This mitigation will likely be driven by internal noise criteria within the residential spaces of the proposed development.
- Where possible, locate noisy plant within an enclosed plant space.
- Carpark exhaust is to be included in the mechanical assessment. Carpark exhaust fans are typically located in a plant room in a basement allowing for sufficient ductwork to allow for acoustic internal lining or an attenuator for supply and exhaust to meet environmental noise criteria.

Helicopter Emissions

Noise from helicopter approaches and departures has been modelled to determine if significant adverse effects on amenity and sleep within the new spaces of Wollongong Private Hospital (WPH) will result from helicopter movements.

Based on the noise assessment, the predicted noise levels resulting from helicopter movements are not expected to have significant impact on amenity or the sleep of patients and occupants.

Vehicular Noise Emissions

The NVIA identifies the potential noise sources associated with the proposed vehicles operations as follows:

- Noise Generated by emergency vehicles (Ambulance) dispatch and arrivals, particularly during the night time period (10:00pm – 7:00am)
- Noise Generated by Ambulance Sirens
- Noise generated by staff and public vehicle movements

Based on an assessment of the traffic generation from the proposed hospital extension, noise due to emergency vehicles travelling along the proposed Crown St driveway will exceed the LA_{max} sleep disturbance criteria by up to 6dB. Noise due to public vehicle movements along the proposed Urunga Pde driveway will exceed the project noise trigger levels by up to 18dB.

Acoustic mitigation will therefore be required to control the additional noise from ambulance movements.

The NVIA recommends the installation of an acoustic barrier to the location shown in **Figure 33** below. The barrier shall be at least 2.1m tall, when measured from the driveway elevation. The barrier will be constructed from a material with a surface density no less than 17kg/m² such as a lapped and capped timber fence and be free from any air gaps. The minimum extent of the barrier has been presented in **Figure 33**.

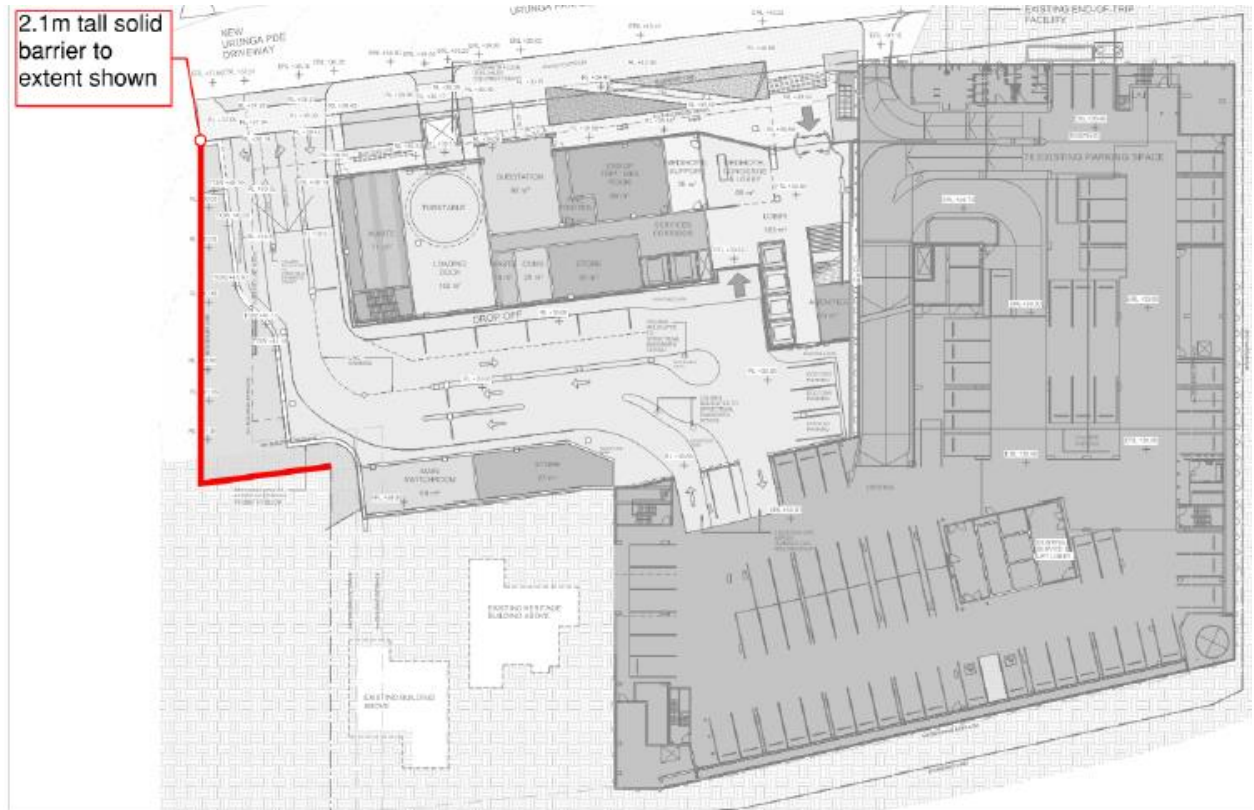


Figure 33 Extent of Proposed Acoustic Barrier (Red).

With regard to traffic generation noise, the NVIA concludes that the noise increase due to traffic generation from the proposed expansion is predicted to be less than 1dB above the existing traffic noise levels during peak 1-hour periods. The NSW RNP states that an increase up to 2.0dB in relation to existing noise levels is anticipated to be insignificant. The traffic generation noise is therefore expected to comply with the NSW RNP noise criteria.

The NVIA also addresses the use of ambulance sirens on the site during their arrival and departure.

When Emergency Vehicles are departing / arriving on site, the noise impact is not specifically addressed or outlined in the relevant documentation. It is unavoidable to have the ambulance sirens be audible at the nearest noise sensitive receivers. It is up to the Ambulance personnel to make a judgement call on the use of sirens. It is understood the ambulance personnel will limit the use of sirens when not necessary, especially whilst on the hospital premises. Furthermore, the existing acoustic environment is unlikely to change from the use of sirens due to the existing Wollongong Hospital sites in the proximity. It is not expected that sirens will be used in the Emergency Vehicle Access Route.

External Façade

In order to achieve the internal noise levels, the NVIA recommends glazing selection for the façades of the proposed development. The glazing thicknesses recommended should be considered as the minimum thicknesses to achieve acoustical ratings and greater glazing thicknesses may be required for structural loading, wind loading, thermal requirements etc.

The glazing recommendations apply to new façades or existing façades to be altered as part of this proposal only.

The NVIA also recommends that during the detailed design stage of the project the acoustic performance of the glazing facade should be reviewed as the combined noise from external sources mentioned previously and mechanical services which could result in the internal noise level exceeding the design sound level.

6.15.2 Construction Noise and Vibration Assessment

A detailed construction program is not yet fully defined and therefore the NVIA provides general recommendations and provides applicable criteria together with feasible and reasonable noise and vibration control practices to be observed during the construction of the proposed development.

Based on the results of the noise assessment conducted by NVIA, the construction noise levels are predicted to be below the highly noise affected criteria for all receivers except one. Nevertheless, noise monitoring will be provided at the most affected receiver, during all construction to manage any construction noise impacts in real-time, as recommended.

The NVIA provides project specific mitigation measures in order to satisfy design criteria:

In order to satisfy the design criteria, a 2.4m high Class A hoarding is required to be erected around all sides of the construction site. The hoarding is to be constructed from a material with a surface density no less than 10kg/m² such as 20mm plywood and be free of any gaps that would impact the acoustic integrity of the barrier.

Furthermore, continuous long-term internal noise monitoring is recommended within affected Ward areas of the existing hospital (where feasible) in order to manage the construction noise levels. The noise monitor(s) is to provide real-time SMS and email alerts to the relevant parties including the acoustic engineer, site manager and project manager on any noise triggered event as determined by the acoustic engineer.

Where noise criteria are being exceeded or in response to valid complaints, noisy construction works are to cease until the noise levels are below the trigger threshold. The contractor is to apply reasonable and feasible mitigation measures as detailed in Section 6.5 to reduce noise levels below the trigger threshold.

All southwestern orientated external walls to the van loading and parking areas shall be enclosed so that openings are only on the southeastern and northwestern façades. This shall be on Upper Ground, Level 1 and Level 2 of the Van Parking area as marked in red below.

The NVIA also provides a list of general acoustic recommendations that could be applied to minimise the spread of noise and vibrations to the potential receivers at Section 6.5 of the assessment.

With regard to vibration impacts, a monitoring strategy will be in place to ensure adverse effects are minimised.

In addition to monitoring before commencement of high vibration activities, the NVIA recommends the following:

- Lower Vibration Equipment (i.e. small equipment, or using equipment that operates at lower speeds will result in lower vibration levels at the receiver)
- Excavator to use ripping, rather than hammering to loosen material. Operator should avoid banging the excavator bucket on the ground and avoid dropping and materials

6.16 GEOTECHNICAL CONDITIONS

To address item 13 of the SEARs Geotechnical investigations and recommendations are addressed in detail in the Geotechnical Assessment report by Douglas Partners dated October 2025 included in Appendix 26. The key outcomes are provided in the following excerpts from the report.

6.16.1 Existing Conditions

The assessment included review of recent and previous borehole drilling, groundwater monitoring, laboratory testing of soil and rock samples and engineering analysis.

The site slopes from RL 44 m in the rear of No. 368 Crown Street to RL 40 AHD in the north-western part of the site and to RL 42 along Crown Street. The subsurface profile for the site comprises up to 1.6 m of fill overlying generally stiff to hard residual clay soils that grades into the weathered bedrock profile. The rock quality varies across the site and includes an initial medium to high strength 'cap rock' in the northern and eastern parts of the site, extremely weathered material to very low strength and then grades into medium then high strength with depth. The site is also affected by faulting, which has resulted in an increased depth of weathering and fracturing in parts of the site. Recent and previous groundwater observations generally indicated groundwater levels in the soil and upper (ie weathered) rock profile.

The site elevation and geology are inconsistent with the development of estuarine acid sulfate soil (ASS) conditions. Furthermore, the site is located further than 500 m from known occurrences of acid sulfate soils. The assessment of ASS conditions is not required for the residual soil and bedrock at the site, and the preparation of an Acid Sulfate Soil Management Plan (ASSMP) is not required for this project.

6.16.2 Proposal

The proposed bulk excavation levels of approximately RL 20.5 and RL 26.5 m for the development will necessitate cuts of 11.5 m to 23.5 m for the five to six level basement car park and oncology section. It is expected that excavations to depths up to 0.4 m to 6.0 m could be readily carried out using hydraulic excavators fitted with buckets, with ripping and rock-hammering required in the weathered and fractured sandstone to depths of 5.2 m to 10.5 m. Below these depths though, high strength sandstone will require medium to heavy rock breaking, rock sawing, rock grinding and ripping equipment.

As the proposed excavation is close to adjacent buildings and site boundaries, batters will not be feasible in many areas and construction of support will be required in advance of excavation. Feasible support options include anchored soldier piles with either close shuttering or shotcrete infill panels, or contiguous piling. The installation of a pattern of rock bolts and reinforced shotcrete will also be a likely requirement in the fractured rock. Design of retaining structures and floor slabs will also require consideration of drainage and water disposal systems. Drainage of the excavation will also be required during construction.

The base of the excavations will generally comprise medium to high strength rock. Strip and pad footings have been recommended in at least medium strength rock and local deepening will be required where medium strength rock is not exposed in the floor of the basement excavation (for example, where an increased depth of weathering has occurred in the vicinity of faulting). Design bearing pressures are given within together with an option for higher bearing pressures provided that spoon testing or additional rock coring is carried out during construction.

6.16.3 Management and Mitigation Measures

The Geotechnical report provides a number of recommended measures prior to and during construction that will necessitate implementation, summarised below (with references to relevant corresponding sections within the report):

7.5.1: Dilapidation surveys and monitoring: are carried out on surrounding buildings and pavements that may be affected by the construction

7.5.4: Vibration induced by excavation plant: During excavation, it will be necessary to use appropriate methods and equipment to keep ground vibrations at adjacent buildings within acceptable limits. From current knowledge of site conditions and proposed works, and subject to the results of building condition surveys and on-site vibration trials



(including vibration attenuation rates and dominant vibration frequencies of excavation plant), the standards, guidelines and limits outlined in Appendix F (of the Geotechnical report) are considered appropriate for management of ground vibration generated by the proposed works. Approximate buffer distances given in Table 6 should be maintained between various types of excavation plant and the foundations of the adjacent buildings, to reduce the likelihood of vibrations exceeding the Provisional Allowed Vibration Limit. Excavation process recommended to be implemented.

7.5.5 Dust generation: monitoring of air pollutants (particulates – deposited matter) in accordance with the NSW Department of Environment and Conservation (DEC 2005) Approved Methods should be expected at the site. Dust suppression methods are to be incorporated into the earthworks contractor's construction methodology.

7.5.6 Disposal of excavated materials and 7.6 Groundwater: as per the recommendations of the separate reports (by Douglas Partners).

7.7 Excavation support: address the recommendations within relating to soil profile; fractured rock; fresh rock; and water deterioration.

7.8 -7.12: The design is to address the recommendations relating to anchors; retaining structures; footings; basement ground slabs; and mobile cranes.

8. Geotechnical requirement for additional borehole investigation

- To confirm the rock quality assumptions and the subsurface profile/s for Basement Levels 5 and 6, additional deep cored boreholes will be required at the site. Borehole depths should be targeted considering the proposed footing dimensions, founding depths, the depth of influence of the footing on the subsurface profile and any local excavations such as lift pits, sumps, etc.
- Following the completion of additional deep cored boreholes, the geotechnical model adopted in this report, the design parameters and advice must be reviewed and confirmed by Douglas.

9. Geotechnical review: A geotechnical review of the design drawings be undertaken to ensure that the geotechnical requirements of the Geotechnical report have been incorporated in the design.

10. Geotechnical requirements during construction: Geotechnical and environmental aspects that are discussed in this report and which will require input during construction are summarised below:

- Vibration monitoring during excavation including foundation construction.
- Inspection during pile construction for excavation support/shoring by a geotechnical consultant to provide validation that the founding conditions are consistent with the design.
- Inspection of excavations to be made by an experienced engineering geologist or geotechnical engineer during the course of bulk excavation work at maximum excavation depth intervals of 1.5 m in the soil profile and 2 m within the underlying bedrock.
- Inspection during anchor construction by a geotechnical consultant to provide validation that the shaft conditions are consistent with the design bond stress.
- Inspections during foundation construction by a geotechnical consultant to provide validation that the bearing pressures and site conditions encountered are consistent with the foundation design. Spoon testing or coring may also be required should high bearing pressures be required (i.e. Class I Sandstone).
- Working platform assessments for mobile crane lifts.

Notwithstanding the above-mentioned items, the developer and the building contractor should also be aware of any conditions in the development consent that require professional input during design and construction.



6.17 GROUND WATER

Item 13 of the SEARs requires the potential impacts on soil resources and related infrastructure on or near the site including soil erosion, salinity and acid sulfate soils.

Both a Geotechnical Report and Hydrogeological Investigation have been prepared by Douglas Partners and are included in Appendix 26 and Appendix 27, respectively.

6.17.1 Existing Conditions

Groundwater monitoring wells were installed in four bores on site, Bores 301, 302, 303 and 403. Hydrostatic data loggers were installed in Bores 301 to 303 from 1 April 2022 and monitored groundwater levels up until 18 April 2023. After being engaged to undertake the supplementary investigations Douglas re-installed groundwater loggers in Bores 301 to 303 and Bore 401 from 21 February 2025.

As per the data obtained most recently (19/03/25), groundwater is encountered at 35.5m AHD at Bore 301, 32.3m AHD for Bore 302, 36.3m AHD for Bore 303 and 35.3m AHD for Bore 401. The groundwater level monitoring results indicate the water table at the time of the observations was generally located within the clay and fill above the sandstone, with an overall flow direction following the topography towards the north. An exception to this is Bore 302 where the standing water level was below the other bores and located within relatively fresh sandstone at depth. The measured water level in this instance is at a similar elevation to the level of the adjacent basement of the existing hospital developments to the east.

Field pH in Bores 301, 303 and 401 at recorded pH values of 6.3, 6.0 and 5.5 respectively outside the ANZECC (2000) pH range of 6.5 – 8.0. Recorded pH in these samples as well as Bore 302 (pH 6.7) were also outside of the Sydney Water Trade Wastewater criteria range of 7 – 10 pH units.

There are no groundwater dependant ecosystems within a 500m radius of the site boundaries.

6.17.2 Proposal

The plans show that the finished floor levels for Basement Levels 5 and 6 will be RL 26.9 and RL 20.9, respectively. To achieve the proposed finished floor levels, excavation depths in the range of about 12.0 m to 17.5 m for Basement Level 5 and 18.0 m to 23.5 m for Basement Level 6 (oncology) are anticipated.

The basement is proposed to include appropriate drainage to manage hydrostatic pressures on the structure.

Groundwater modelling has been undertaken based on a local site model assuming a drained basement with strip drains in the walls and underfloor drainage blanket using upper bound measured parameters. It is predicted that groundwater inflow of less than 1 ML/year may be expected during excavation (less than 1 year). The groundwater inflow rate is likely to reduce with time and may be relatively minor and significantly less than 1 ML/year during dry periods. Douglas has been involved with nearby basement excavations within similar geology and depth of excavation. These basements have been three levels deep and have only encountered minor seepage during excavation. These basements have been constructed as drained basements with no reported issues in terms of groundwater management or impacts to surrounding groundwater systems or property.

6.17.3 Management and Mitigation Strategies

Given that the predicted inflow is less than 1 ML/year the proposed excavation is exempt from requiring a Water Access Licence from Water NSW and rather, requires a Water Supply Works Approval for construction dewatering.

From a geotechnical perspective it is considered that a permanently drained basement design is feasible with only minor impact to surrounding groundwater systems or property. This will be subject to review and approval from Council and relevant authorities.

Available water quality data from the site suggests the presence of some elevated metals and nutrients which are potentially representative of background groundwater concentrations. The suitability of the groundwater for disposal to stormwater or sewer should be confirmed by the authority receiving the water and some on-site treatment may be required prior to disposal.

6.18 WATER MANAGEMENT

To address item 14 of the SEARs, an Integrated Water Management Plan (IWMP) prepared Henry Hymas is provided at Appendix 28 and addresses stormwater management rewater reuse, sediment and erosion control and Flood Risk.

A summary of the IWMP is provided below:

6.18.1 Existing Conditions

There are two stormwater catchments that currently cover the development site. Both catchments are existing urban developments consisting of brick buildings, concrete and asphalt driveways and landscaped areas. The catchment draining to the south to Crown Street is quite flat, whereas the catchment falling to Urunga Parade is steeper. The upper catchment falling to Urunga Parade currently drains towards multiple existing outlet pipes located on Urunga Parade, whilst the lower catchment falling to Crown Street drains via existing kerb outlet pipes located on Crown Street. The post developed catchments are largely dictated by the roof layout of the proposed development. Where possible, the pre-developed catchments were maintained, the upper catchment area falling to Urunga Parade having a total area of 3843.4 m² and the lower catchment area falling to Crown Street having a total area of 1120.9 m². Once the site is developed, the upper catchment draining to Urunga Parade will have a higher impervious ratio and flatter grades than in its current state, and the lower catchment draining to Crown Street will remain its status quo as it is proposed to retain the existing sites that belong to the lower catchment.

6.18.2 Proposal

The proposed development site (upper catchment) will comprise of a mixture of impervious and pervious areas. The majority of the runoff from the developed site is impervious and consists of primarily of roof areas with smaller concrete driveways and service areas. The pervious component of the development site consists of landscaping and turf.

The proposed development will drain to Crown Street and Urunga Parade. Discharge to Crown Street will be via existing kerb outlets, and discharge to Urunga Parade will via two OSD tanks to two proposed kerb outlet pipes.

The post developed site (upper catchment draining to Urunga Parade) will have a higher impervious ratio than the pre-developed site. To ensure that the proposed development does not adversely impact on the existing drainage network, on site detention (OSD) will need to be provided in accordance with the requirements of Council. The OSD system must be able to limit discharge in all storm events up to a 100-year ARI storm event. Regarding the lower catchment draining to Crown Street, given that it is proposed to remain the status quo of the existing heritage house site which belongs to the lower catchment, OSD is not expected to be required.

OSD

The total PSD requirements for a 5-year ARI and 100-year ARI storm were calculated using the method outlined in section 12.2.4 of the Wollongong DCP. In the case of the Urunga Parade OSD, the total PSD requirements for a 5-year ARI and 100-year ARI storm were 100.53 L/s and 169.78 L/s respectively, discharging towards a kerb outlet

located on Urunga Parade. As mentioned previously, since the site is being developed from an existing impervious area, the site storage requirement (SSR) will need to be calculated as the difference between the SSR of the proposed and existing development. This leads to a SSR for a 5-year ARI and 100-year ARI storm being 11.57 m³ and 19.54 m³ respectively.

It is outlined in the Wollongong DCP that the recommended stormwater discharge to the kerb be a maximum of 55L/s, however the calculated PSD requirements (100.53 L/s and 169.78 L/s) are more than double this value. After thorough conversation with Wollongong Council's stormwater engineer, it was determined that the Urunga Parade OSD system should be split into two OSDs to reduce the PSD to Council's 55L/s recommended stormwater discharge to kerb.

Using DRAINS64 modelling software it was simulated that each tank will discharge a maximum of 55L/s towards the kerb outlet in a 100-year ARI storm event. The volume of each tank satisfied the previously mentioned site storage requirements. Comparing these discharges with the pre-development flows, the OSD is shown to successfully limit all flows up to a 100-year ARI storm event

Since the existing heritage site belongs to the catchment area draining to Crown Street will remain its status quo, OSD is not expected to be required for this catchment.

Rainwater Reuse

As part of the proposed stormwater management system for the development, a rainwater harvesting system incorporating a 23m³ tank located at Lower Ground Floor level is proposed. This rainwater tank will be a suspended tank located between the Lower Ground Floor level and Basement 2 level. This will capture rainwater for irrigation and toilet flushing purposes. There will be an overflow from this incorporated rainwater reuse system to the OSD system.

Sediment and Erosion Control

Sediment and Erosion control measures will be implemented during the construction process, but once the site becomes operational, sediment and erosion control measures will not be required as the site will be largely impervious. The sections of the site that are pervious will be stabilised with landscaping or turf.

Flooding Risk

Consultation with Wollongong Council indicates that current flood maps do not show that any part of the site is located within a flood planning area and is not subjected to flood related development controls.

6.18.3 Management and Mitigation Measures

As indicated in the Civil Engineering Drawings within the IWMP, appropriate stormwater management practices will be implemented that minimise the impact of development on the existing stormwater system by ensuring safe and efficient conveyance of runoff and the provision of OSD to limit discharge to the existing Council drainage network.

Whilst it is inevitable that development will have an impact of the existing landform and stormwater runoff characteristics due to earthworks, change of land-use and changes in impervious areas; by providing a safe and efficient design, and implementing appropriate measures during construction and operation of the development, it can be ensured that there will be minimal impact on the existing environment as a result of the proposed development.

6.19 FLOOD RISK

The site is not located within a flood-controlled lot or flood hazard area and as such no further flooding assessment has been undertaken. Consultation with Wollongong Council indicates that current flood maps do not show that any part of the site is located within a flood planning area nor do they show any part of the land between a flood planning area and

a probable maximum flood area. As such, the land is not subjected to flood related development controls. This is supported by the Section 10.7 Planning Certificate for the land, provided at Appendix B of the Integrated Water Management Plan.

As such, further assessment to address item 15 of the SEARs is not required.

6.20 HAZARDS AND RISKS

In accordance with item 16 of the SEARs, a Preliminary Hazard Analysis is not required since the proposed land use is not associated with dangerous goods or hazardous materials, and the development is not adjacent to land in a pipeline corridor.

6.21 CONTAMINATION AND REMEDIATION

Douglas Partners has prepared a Preliminary Site Investigation (PSI) report for the proposed development. This is provided at Appendix 29.

In accordance with Item 17 of the SEARs, the report provides preliminary information on sub-surface conditions at the site to assist in determining the compatibility of the site for the proposed development and whether further investigation and/or management is required. The PSI was undertaken in conjunction with a preliminary geotechnical investigation and preliminary hydrological investigation, the findings of which are addressed in Sections 6.16 and 6.17 of this EIS.

The investigation comprised: a desktop review of previous reports, site information, maps, available site history (predominantly residential purposes); a site walkover; and collection and testing/analysis of soil samples, noting limited borehole sampling due to the existing occupied structures/residences.

6.21.1 Existing Conditions

Structures: standard residential buildings (and one previous medical centre used as a residence) and associated concrete hardstand external areas, and residential-scale cut and fill to design levels. Potential asbestos containing materials (PACM) were observed at No. 23 Urunga Parade) as packing material in the front fence, in the eaves of the dwellings and wall panels in the dilapidated shed structure.

Soils: two sources of contamination were identified, being uncontrolled fill (from construction of the residential/commercial structures and driveway/carpark areas) and old buildings potentially containing hazardous building material (HBM). All of the laboratory results were within relevant site assessment criteria (SAC) and no HBM (including asbestos) were encountered in the fill.

Fill: All contaminant concentrations for the analysed fill samples were below the contaminant thresholds for general solid waste, except for lead in one of samples (303) drilled and sampled in 2022. In the absence of toxicity characteristic leaching procedure (TCLP) testing on this sample, the area surrounding this borehole is classified as hazardous Waste and there is potential for this to be reduced to General Solid Waste which could be undertaken following demolition and removal of overlying hardstand material.

Natural solid rock: all contaminant concentrations for the analysed natural soil samples were within the typical background concentrations. Based on the outcomes...the natural soils and bedrock analysed within the assessment area are classified as virgin excavated natural material (VENM). The soils and rock pre-classified as VENM are pre-classified as general solid waste (non-putrescible) under NSW EPA (2014).

6.21.2 Proposal

The site preparation works will require demolition of five structures (residences) and excavation of fill and natural soil and rock material. The report states that 'based on the results of this PSI, no contamination has been identified within samples analysed which would preclude the proposed development' and 'subject to implementation of the recommendations of the report and the removal of overlying fill material from the site as part of the proposed development, the site is considered suitable for the proposed private hospital expansion from the contaminated land perspective in the context of Clause 4.6 of State Environmental Planning Policy (Resilience and Hazards) 2021.

6.21.3 Management and Mitigation Measures

The following outcomes and recommendations of the PSI are provided below, that are anticipated to be incorporated into conditions of consent:

Soil/Waste Classification

Given the proposed development will comprise the construction of a six-storey basement car park / oncology over most of the site, a waste classification will need to be conducted on all materials to be disposed off-site. Based on the preliminary results obtained in the PSI most of the fill identified on site may be classifiable as general solid waste and the underlying fill may be classifiable as virgin excavated natural material (VENM). In absence of further TCLP testing, the fill surrounding Bore 302 is preliminary classified as Hazardous Waste. Further sampling and analysis is required to provide a final waste classification of on-site materials.

Further considerations and conditions for classification:

- The preliminary classification (identified in the PSI) is not to be used for waste disposal. Further work is required before a formal classification suitable for waste disposal can be provided. The waste classification is to be confirmed by a qualified environmental consultant including visual and analytical assessments.
- If any fill / soil / rock is encountered which is different to that sampled and tested or exhibit signs of potential contamination (e.g. anthropogenic inclusions, staining or odours) this waste classification does not apply and the advice of a qualified environmental consultant should be sought.
- If during excavation the natural in situ soil / rock is found to contain possible signs of contamination or is cross-contaminated with any non-VENM soil or rock the excavated natural soil / rock cannot be classified as VENM. In this regard, it is recommended that care should be taken during the bulk excavation of the VENM to prevent cross contamination between the VENM and non-VENM materials.
- Both the receiving site and the site disposing of the fill / soil / rock should satisfy the requirements of the licence of the receiving site before disposal of the fill / soil / rock is undertaken. Note that appropriate prior arrangement with the receiving site/relevant authorities should be obtained prior to the disposal of any fill / soil / rock off site. The receiving site should check to ensure that the fill / soil / rock received matches the description provided in this report and contains no cross contamination. The handling, transport and disposal of the waste should be conducted in accordance with the regulatory and statutory requirements.

Hazardous Building Material Survey

Given the identification of PACM in No. 23 Urunga Parade shed, eaves and front fence it is recommended that a hazardous building material survey be undertaken on existing site structures prior to their demolition. Following demolition of site structures, it is recommended that a site inspection of the footprint of the buildings be undertaken to visually assess for possible HBM impact from the demolition process or for other potential for contamination to be present in these areas.

The requirement to conduct a Hazardous Building Material Survey can be conditioned to occur prior to demolition works as per the recommendations of the PSI.

Unexpected Finds Protocol

As a matter of due diligence, it is recommended that an unexpected finds protocol (UFP) be included and implemented as part of the site management plan during earthworks detailing the process by which any unexpected finds of potential environmental concern will be managed.

6.22 WASTE MANAGEMENT

To address item 18 of the SEARs, a Waste Management Plan (WMP) for the project has been prepared by MRA Consulting Group and is provided at Appendix 30.

The WMP has detailed the quantities and classification of all waste streams likely to be generated on the Site during the demolition, construction and operation phases of the proposal, including providing detail of waste storage, handling and disposal during the construction and operation of the development. The WMP considers better practice, necessary equipment, and integration with other guidance documents and the following key policy aims:

- Avoidance (to prevent the generation of waste);
- Reduce the amount of waste (including hazardous waste) for disposal;
- Manage waste as a resource;
- Ensure that waste treatment, disposal, recovery and reuse are undertaken in a safe, scientific and environmentally sound manner; and
- Operational efficiency and financial outcome

6.22.1 Existing Conditions

The site currently contains the Wollongong Private Hospital. Operational waste management is undertaken in line with the existing approval/s at the site. The existing waste management contractors and collection schedule is provided in Section 3.3 of the Waste Management Plan by *MRA Consulting Group*.

6.22.2 Proposal

Demolition, Excavation and Construction Waste Management

Demolition works at the site will involve the demolition of the five buildings, as well as some internal structures and walls within the existing Private Hospital building. Table 1 of the WMP outlines waste streams and material quantities expected through the demolition phase, including potential reuse and recycling opportunities, and anticipated material diversion percentage. All materials will be reused and recycled where possible, minimising the disposal (landfilling) of materials other than those that are contaminated or otherwise unsuitable for reuse or recycling.

Construction waste estimates provide a range for construction waste for new developments (BDCP). Low end figures from the below ranges have been applied to estimated waste generation during construction as best practice material ordering and use is proposed to be employed:

- Timber 5-7% of material ordered
- Plasterboard 5-20% of material ordered
- Concrete 3-5% of material ordered
- Bricks 5-10% of material ordered
- Tiles 2-5% of material ordered

Table 2 of the WMP outlines the expected excavation and construction waste quantities to be generated at the site, in addition to the appropriate management methods for each material type. The WMP provides multiple options for

materials reuse, recycling and disposal where applicable (e.g. return to manufacturer, recycled at construction and demolition (C&D) processor, or disposed to landfill if contaminated).

The estimated quantity of excavation material is 18,000m³ to 22,000m³. The excavation of this material will be undertaken alongside on-site testing for contamination and stockpiling of materials for reuse as fill material.

Operational Waste

The existing hospital waste management operations and waste generation rates from similar uses, existing waste management data and relevant guidelines has been assumed and considered in forecasting operational waste for the development. The following waste classifications and waste material expected to be generated has been considered in the WMP, in addition to medical-related waste (clinical, cytotoxic, pharmaceutical, chemical and radioactive wastes):

- Special waste;
- Liquid waste;
- Hazardous waste;
- Restricted solid waste;
- General solid waste (putrescible); and
- General solid waste (non-putrescible).

Table 6 of the WMP estimates waste generated from the proposed site as a whole. It is proposed that the waste generated from the expanded café and the emergency department on the ground floor, as well as the ICU and operating theatres on the 1st floor, will be stored for pick-up at the existing waste storage and recycling area (WSRA) in the main building. The waste generated from other areas of the proposed development will be stored at a new WSRA located on the lower ground floor/basement 1 of the proposed West Wing building. Tables 7, 8 and 9 of the WMP respectively provides separate waste volumes, collection frequency; and storage areas for (i) the existing hospital; (ii) the proposed development; and (iii) the Proposed West Wing Building.

Based on this, the estimated waste generation rate requires 42.2 m² for waste storage area . The proposed West Wing WSRA provides 87 m² with a 163 m² loading dock adjacent to it. The WMP recommends maintaining the spare space for unexpected growth in waste generation or to augment the WSRA located in the main building. It is expected that the proposed expansion of the waste management area and increased rate of servicing and collection will suitably handle the increased waste management demand at the site.

6.22.3 Management and Mitigation Measures

Demolition and Construction

Throughout the development process, all materials will be reused and recycled where possible, minimising the disposal (landfilling) of materials other than those that are contaminated or otherwise unsuitable for reuse or recycling.

Waste storage during demolition, excavation, and construction works is to be stockpile excavated and reusable materials, as well as the placement of skip bins for the separation of demolished and excess building materials for recycling. A skip bin (or bins) for residual waste and/or contaminated material will also be made available at the site for disposal where necessary. Skip bins may require alternative placement across C&D operations to facilitate the safe and efficient storage of materials and will be retained within property boundaries to avoid illegal dumping.

A waste storage area shall be designated by the demolition and construction contractor and shall be sufficient to store the various waste streams expected to be generated during operations. Waste storage areas will be kept clear to maintain vehicular access and shall also be kept tidy to encourage separation of waste materials and for WHS reasons.

Waste management principles, management measures and facilities in use on the site shall be included as part of the site induction for all personnel working on the site.

This WMP will be retained on-site during the excavation and construction phases of the development, along with other waste management documentation (e.g. contracts with waste service provider). Responsibility for the WMP, waste documentation and processes during the excavation and construction phases will be with the site manager or building manager. A logbook that records waste management and collection will be maintained on site, with entries including:

- Time and date of waste collections;
- Description of waste type and quantity;
- Waste/processing facility that will receive the waste; and
- Vehicle registration and company name of collection contractor.

Waste management documentation, the logbook and associated dockets and receipts must be made available for inspection by an authorised Council Officer at any time during site works.

Operational Waste

Medical waste: Mobile bins, trolleys and waste bags will be utilised in conjunction with sharps containers to manage medical-related waste as defined in Table 5. Detailed management requirements under relevant regulations and standards (refer Appendix B of WMP). All clinical waste stream bags and storage receptacles should be in a staff-only area to avoid access by the general public.

Waste handling equipment: Waste bags should be used where applicable for the interim storage of general waste and clinical waste prior to disposal in mobile garbage bags (MGBs) stored in disposal rooms for transfer and servicing from the main building and BOH area for servicing. The methods and processes for MGBs within Section 3.5 of the WMP are to be implemented, especially in relation to clinical waste.

Interim Disposal Rooms: Interim disposal rooms are strategically located across floors for the disposal of waste from each department and the hospital as a whole. Interim disposal rooms will be used to store waste prior to its transfer to the main waste storage and loading area, located on the ground with access from Urunga Parade.

Waste Storage Area: The consolidated waste storage area is located on the ground floor of the development, divided into two sections to facilitate efficient collection and safe handling. Both waste rooms are capable of storing the required waste management and have a total area of 87m². A 163m² loading dock has been provided to enable safe and efficient waste collection.

Waste Handling Workflow: is to be carried out in accordance with Section 3.7 of the WMP.

Waste Management Systems: Hospital management and cleaning/maintenance services will be responsible for the monitoring of site waste management systems and ensuring resource recovery and contamination reduction methods are employed. Should any issues impacting on the operational efficiency, safety and suitability of waste management be identified, site cleaning staff should inform hospital management and/or the WMC for appropriate actions to be taken. Waste Management Systems shall be carried out in accordance with Section 4 of the WMP

6.23 ABORIGINAL CULTURAL HERITAGE

In response to item 19 of the SEARs, an ACHAR has been prepared by Artefact for the proposed development and this report is provided at Appendix 31.

6.23.1 Existing Conditions

The ACHAR has been prepared in accordance with the 'Guide to Investigating, Assessing and Reporting on Aboriginal Cultural Heritage in NSW' issued by the *Office of Environment and Heritage* (2011) as well as the inclusion of a separate



community consultation process that undertakes consultation with Indigenous communities, prepared in accordance with the 'Aboriginal Cultural Heritage Consultation Requirements for Proponents' issued by the Department of Environment, Climate Change and Water (2010). These separate consultation processes have informed Aboriginal cultural heritage values assessment of the subject site.

The ACHAR found that:

- No sites listed on the Aboriginal Heritage Information Management System (AHIMS) were discovered in the study area
- No previously unrecorded Aboriginal sites or objects were identified within the study area during the site survey.
- After physical examination of the study area and examination of historical aerial photography the study area has been assessed as being disturbed having nil to low potential to retain intact archaeological deposits
- Consultation with Registered Aboriginal Parties (RAPS) did not reveal specific social, cultural aesthetic or historical significance associated with the site.

6.23.2 Proposal

Based on the results of this assessment and in accordance with Aboriginal heritage guidelines mandated in the SEARs for the proposal, the ACHAR concludes:

- As the study area was found to be disturbed and to have a nil-low potential for Aboriginal objects to be located within it, it is recommended that further archaeological assessment is not required.
- As no specific social, cultural aesthetic or historical significance associated with the site was revealed, further consultation is not required unless unexpected objects are found during works, in which the recommended measures below are to be implemented.

6.23.3 Management and Mitigation Measures

The following measures are recommended in the ACHAR and can be included as conditions of consent:

Ongoing consultation with registered Aboriginal parties: Following the Unexpected finds policy below, consultation with Aboriginal parties would continue as part of the consultation that accompanies the Unexpected finds procedures.

Unexpected finds: An unexpected finds policy would be implemented in the event of any unexpected finds of Aboriginal sites, objects, or archaeological deposits being identified during construction. An unexpected archaeological finds policy would involve the following actions:

- Stop work within the affected area, protect the potential archaeological find, and inform environment staff or supervisor
- Contact a suitably qualified archaeologist to assess the potential archaeological find
- If Aboriginal archaeological material is identified, works in the area should cease, and NSW Heritage should be informed. Further archaeological mitigation may be required prior to works recommencing
- If human remains are found:
 - Immediately cease all work at the particular location
 - Notify site manager and project archaeologist
 - Notify NSW Police
 - Notify Heritage NSW on the Environment Line 131555 as soon as practicable and provide details of the remains and their locations
 - Notify the Illawarra LALC, the South Coast People and the Registered Aboriginal Parties who participated in the consultation process for the ACHAR.



6.24 ENVIRONMENTAL HERITAGE

To address item 20 of the SEARs, a Statement of Heritage Impact for the proposed development has been prepared by Weir Phillips Heritage and included at Appendix 32. The SoHI provides of any potential impacts to the heritage item located within the site and other heritage items within the immediate proximity of the subject site.

6.24.1 Existing Conditions

The subject site is not located within a heritage conservation area but partially comprises of a heritage item and contains various other heritage items in close proximity to the site (refer Figures 13 and 30 earlier in this EIS). Specifically, as identified within Schedule 5 Environmental heritage of the Wollongong Local Environmental Plan 2009, Heritage Item 6243 is contained within No. 366 Crown Street (Lot B in DP 343680). A description of this item from the NSW State Heritage Inventory states the following:

“Single storey residence of the Federation period, important in the local townscape and a good example of fine residential architecture. Main features include brick walls (now painted), projecting bay, hipped slated roof with vented gablets and terracotta capings and finials, semi-encircling (return) verandah with skillion roof extending from the main roof, tapered timber verandah posts on brick balustrade and a flat awning on brackets above the bay window”.

In addition to the above. The following heritage items have also been identified within the Wollongong Local Environmental Plan 2009 and found to be in close proximity to the subject site:

- Item 6286, ‘Moreton Bay Fig’ at Beatson Park, Crown Street;
- Item 5939, ‘Group of Fig Trees’ at Nos. 348–352 Crown Street (grounds of Wollongong Hospital); and
- Item 5939, ‘Wollongong Hospital Nurses’ Home’ at Nos. 348–352 Crown Street (Wollongong Hospital Site) (noting state Significance).

6.24.2 Proposal

The proposed development does not seek to damage, alter or impact the heritage item existing on the subject site, rather preserving the item for uses as a medical tenancy to be leased by IAMS. The proposed extension to the Wollongong Private Hospital has been carefully designed to minimise adverse impacts on the heritage item at No. 366 Crown Street. The extension is set back from the heritage item, with upper levels recessed and the overall massing broken down to reduce visual dominance. A complementary palette of recessive materials and colours has been selected to ensure the new structure sits respectfully within its context. Landscaping will be used to create a soft visual buffer, enhancing the setting of the heritage item and maintaining its prominence in the streetscape. The heritage item will be retained with only later extensions removed. View corridors to and from the heritage item are preserved. Furthermore, the proposed works will have a minimal and acceptable impact on the heritage item within the vicinity (‘Moreton Bay Fig’, at Beatson Park).

6.24.3 Management and Mitigation Measures

The proposal has mitigated its impact to the heritage item at No. 366 Crown Street located within the subject development site, and the heritage listed landscape item in the vicinity (‘Moreton Bay Fig’ at Beatson Park to the west) in the following ways:

- By retaining the significant form and scale of the heritage item at No. 366 Crown Street.
- By sensitively siting the extension to the rear outside of significant view corridors towards heritage items.
- By stepping down the height of the extension to reduce its visual dominance.
- By locating the basement well outside the curtilage of any heritage impacts.

- By introducing new soft landscaping to help soften the built form.

6.25 SOCIAL IMPACTS

In response to item 21 of the SEARs, a Social Impact Assessment (SIA) report for the proposed development prepared by SLR and is provided at Appendix 33.

The social locality comprises a Local Study Area of 1,199 residents within 200m of the site (characterised by elevated elderly population, high lone-person households, significant rental and social housing tenure), Wollongong LGA (218,557 population, primary service catchment), and the broader Illawarra-Shoalhaven region (423,000 population, strategic health context).

The local community demonstrates elevated vulnerability to construction impacts through demographic characteristics including 32.9% aged 65+ (versus 18.6% LGA), 40.8% lone-person households, 60.4% rental tenure, and lower community cohesion indicators.

The assessment draws on three interconnected consultation phases: 2022 SSSA feedback informing design refinement, Wollongong Health Precinct Strategy consultation (2023-2024) establishing strategic context, and targeted 2024-2025 engagement with neighbours, Aboriginal community, agencies and institutions.

This integrated approach demonstrates project evolution responding to community concerns, particularly heritage building retention, traffic management, and delivery of genuine community benefit through the IAMS partnership model.

6.25.1 Proposal

The SIA provides an assessment of impacts across eight social categories: way of life, community, accessibility, culture, health and wellbeing, surroundings, livelihoods, and decision-making systems. This assessment is summarised below.

Construction Phase Impacts

Construction phase impacts are localised and temporary. Following mitigation, two Medium Negative impacts remain: construction disruption to daily routines (WOL-1) and construction health stressors (HW-1) affecting immediate residents over ~24 months.

Six impacts reduce to Low significance: parking pressure, accessibility disruption, amenity and character impacts, business disruption, and community perception of precinct transformation. Two impacts achieve Negligible significance: dwelling displacement and consultation fatigue.

These residual impacts reflect the unavoidable consequences of major urban construction but will be actively managed through technical measures detailed in specialist assessments and through proactive community engagement.

Operational Phase Impacts

The single operational negative impact, changed visual amenity, privacy and built form (SUR-2), is assessed as Low significance, moderated by the site's existing hospital use, permissive SP2 zoning, design refinement through SDRP process, and alignment with strategic health precinct transformation.

Operational benefits are substantial and transformative. Three Very High Positive impacts deliver: expanded health service capacity addressing projected regional demand growth of 25,000 additional admissions and 39,000 ED presentations by 2031 (HW-2); enhanced Aboriginal health equity through community-controlled IAMS facilities providing culturally safe maternal and primary care under 99-year lease (HW-3); and Aboriginal cultural connection and self-determination through purpose-designed cultural elements including pathway, bush-tucker garden, and meeting circle under Aboriginal governance.

Three High Positive impacts provide: improved accessibility through 583-space parking and dedicated ED access (ACC-2); ongoing employment creation of 200-300+ permanent FTE including Aboriginal health workforce development (LIV-3); and Aboriginal cultural empowerment through visible integration within major health institution (CUL-1). Construction phase employment delivers Medium Positive impacts (149 direct FTE plus 590 indirect jobs over 24 months).

Aboriginal Health Equity and Cultural Outcomes

The IAMS partnership represents a transformational health equity intervention responding directly to known barriers in mainstream healthcare access and addressing health inequities affecting 18,000+ Aboriginal people in ISLHD. The partnership model, developed through SDRP advice and proactive proponent engagement, transforms heritage building retention from planning compliance into generational community benefit under Aboriginal community control.

6.25.2 Management and Mitigation Measures

Mitigation follows the avoid-minimise-mitigate hierarchy, drawing primarily from technical assessments (acoustic hoarding, construction traffic management, access design, landscape integration) supplemented by SIA-specific measures. The Construction Communications and Engagement Strategy establishes protocols for pre-construction notification, regular updates during high-intensity phases, accessible contact mechanisms, community information sessions, and responsive engagement. This strategy ensures technical mitigation translates into effective social outcomes and builds community resilience to temporary construction disruption.

Monitoring programs track mitigation effectiveness through construction phase measures (real-time noise monitoring, worker parking observations, complaint register with 24-hour response, monthly community review) and operational phase verification (parking occupancy, operational noise, Green Travel Plan targets, health service utilisation, IAMS governance). Findings inform adaptive management where impacts exceed predictions.

6.26 INFRASTRUCTURE REQUIREMENTS AND UTILITIES

In response to item 22 of the SEARs, all necessary services and utilities are available for the proposed development (subject to some upgrades) as detailed within the Infrastructure Management Plan prepared by DSA Consulting at Appendix 34.

6.26.1 Existing Conditions

Electrical Services

An existing substation (33773) is rated at 3x1500kVA located in the existing hospital Urunga Parade. It services the current hospital. It is anticipated the existing substation will be retained and to continue service the existing hospital and its internal loading requirements. The existing site is currently serviced via an existing 1750kVA diesel generation system.

Hydraulic Services

Sydney Water Corporation: currently has the following mains available to serve the proposed hospital extension:

- 150mm CICL water main located within Crown Street
- 250mm CICL water main located within Crown Street
- 100mm DICL water main located within Urunga Parade
- 150mm VC sewer main located within Crown Street
- 150mm VC sewer main located within Urunga Parade

Sydney Water have provided water pressure and flow advice to be 50 to 60 metres per head which is in accordance with fire safety demands.

Jemena: currently has the following mains available to serve the proposed hospital extension:

- 63mm PE natural gas main (low pressure 7kPa) located within Crown Street
- 32mm NY natural gas main (medium pressure 210kPa) located within Crown Street
- 110mm NY natural gas main (medium pressure 210kPa) located within Urunga Parade.

6.26.2 The Proposal

Electrical Services

Demand and Substation: A preliminary maximum demand based on area methods give a preliminary additional demand of 3804kVA for the new extension. The extension is anticipated to require an additional new substation to accommodate the new extension and anticipated loads. Preliminary calculations indicate a new 3x1500kVA chamber type substation to supplement the existing (subject to Endeavour Energy assessment). It would be proposed to also locate this new substation with access from Urunga Parade, located within the new extension.

Services continuity to the existing loads should be maintained. However, to allow for the new development. A new High Voltage (HV) feeder will be required to power the new extension. Some disruption is expected during the proposed new building construction period due to the requirement of the new HV feeder. It would be anticipated that the existing HV feeders will allow for continued power availability to the existing hospital and surround.

Diesel Generator: An additional generator will be required for the new extension.

Additional uninterruptable power supply (ups) system: will be proposed for the new development to service the clinical needs of the new extension.

Communication Systems: some services will be available from the existing building and from the street, and some augmentation will be required for the new extension.

Construction Period Services Continuity: It is anticipated that no interruption is expected during the proposed new building construction period to the existing hospital and surrounds as the new extension will utilise and extend the existing hospital network system already on site.

Access Control / Monitoring / CCTV System: All systems are to be expandable to allow for dedicated hospital and future medical tenancy suite requirements. All systems expanded from the existing building systems.

Hydraulic Services

Sydney Water

The existing hospitals' hydraulic services would need to be maintained throughout the construction phase to ensure minimal disruptions. Proposed hydraulic services design would incorporate any required upgrades for infrastructure connections and or meters and regulators. The existing hospitals' sanitary drainage service would likely remain unchanged. Possible upgrades from the boundary trap to the sewer main may be required, or additional sewer connections may be utilised.

Potable Cold Water Service: Based on Sydney Water water metering guidelines Sydney Water nominate to have only one main water meter assembly, for this type of development. The proposed building will be interconnected to the existing building water. A review of the existing incoming water supply and the water meter assembly would be required determine if adequate and compliant flow capacity is available to service the existing and proposed building. If adequate capacity is not available from existing infrastructure, upgrade options include: -

- Upgrade of incoming water supply connection and water meter assembly,
- incorporation of on-site water storage tanks in the new development works to accommodate any short falls in flow.

Domestic Hot Water Service: The existing hospitals' hot water plant would need to be reviewed for both spare capacity, ability to be expanded and available plant space. Based on the proposed development works extension incorporating the existing domestic hot water heating plant does not sufficient spare capacity to meet the increased hydraulic demand. Therefore, new "standalone": domestic hot water heating plant and piping system serving the proposed extension would be constructed.

Fire Protection Systems

Fire protection systems for the existing hospital and proposed hospital expansion include:-

- Automatic Fire Sprinkler Suppression System.
- Fire hydrant Protection System
- Fire Hose Reel Protection Systems
- Portable Fire Extinguishers and Fire Blankets.

The DSA Consulting addresses the first three items above.

Based on Fire and Rescue policy, each development site shall only have one point for pressure boosting in a fire emergency.

A review of the available authority water main flow and pressure, existing incoming fire water supply and the fire booster assembly has determined adequate and compliant flow capacity is available to service the existing and proposed building.

Due to the building classification, maximum fire compartment size and building height Incorporation of on-site emergency fire water storage tanks and pumps is required to achieve AS2419 and AS2118 Compliance.

All ultimate design solutions are subject to fire engineering report (FER) and National Construction Code (NCC) report.

Natural Gas Service (Jemena)

Discussions with Jemena have advised that a new connection for the existing hospital to any Jemena natural gas mains would not be permitted. If the existing main to meter and or the natural gas regulator and meter assembly located above the Urunga Parade car park entrance does not have sufficient capacity to meet the additional gas loads for the proposed extension, then existing gas meter / regulator assembly could be replaced with new natural gas regulator and meter assembly would be installed to meet the existing gas loads and the proposed extension gas loads.

6.26.3 Management and Mitigation Measures

The following infrastructure upgrades and/or requirements are to be implemented to facilitate the development:

Electrical Services

Energy Metering: Additional load meters will be provided to BCA Section J8 requirements, and to any additional heavy power load equipment systems. Coordination of interconnection to mechanical systems BMS will be required.

Monitoring Systems: Energy information is proposed to be monitored through an electronic system capable of capturing and processing the data produced by the installed energy meters to meet BCA Section J8.3.

Glare: will be reduced where possible and "best practice" methods put into place to minimise glare impact issues.



Light Pollution to Neighbouring Properties – Lighting Strategy (External and Carpark Lighting): An external lighting system will be required for the proposed new extensions, including for obtrusive effects to neighbouring properties, to external areas and light spill to the night sky as detailed in Section 2.2 of the report.

Substation: a new feeder will be required to the hospital expansion due to insufficient capacity on the existing feeders servicing the area. The existing feeders will likely be retained that currently service the loads as existing. Final supply arrangements are required to be negotiated by the successful contractor with the local supply authority. Demand calculation will be revisited upon confirmation of final internal make-up/usage of building. Final substation arrangements and design will be carried out by an authorised Level 3 Accredited Services Provider (ASP) during the detailed design phases of the project.

Main Switchboard: The extension is required to be serviced via site Main Switchboard/s (MSBs). Main switchboards (including main diesel generator switchboard) are to be housed in 2hr fire rated dedicated rooms to satisfy BCA and AS3000 requirements. Interface to any solar array system will be implemented into the main switchboard and/or distribution system.

Diesel Generation System: An additional generator will be required for the new extension in accordance with Section 2.6 of the report.

Consumers mains, submains from standby generator, submains from generator switchboard, BCA essential supplies and hospital essential supplies are to be provided as indicated in Section 2.8 of the report.

General distribution requirements: are to be provided as indicated in Section 2.9 of the report.

ESD Provisions: ESD measures will be provided (eg. rainwater reuse system) and monitored.

Hydraulic Services

All services are to be installed to meet (but not limited to) the requirements of the codes, authorities listed in Section 3.1 of the report.

If additional gas loads for the proposed extension are required, then existing gas meter / regulator assembly is to be replaced with new natural gas regulator and meter assembly would be installed to meet the existing gas loads and the proposed extension gas loads.

Meters and Monitoring Systems:

- Meters will be located in an area that allows remote monitoring and safe maintenance by facilities managers and other facilities management personnel.
- Water and natural gas consumption shall be monitored through an electronic system capable of capturing and processing the data produced by the sub meters to meet ESD requirements. Hydraulic plant and equipment shall also be monitored for faults or failures. The automatic monitoring system must be capable of:
 - Collecting data from all meters
 - Alert to any faults or failures of hydraulic plant and equipment

6.27 BUSH FIRE RISK

The site is not identified on or near land that is bush fire prone.

In accordance with item 23 of the SEARs, no further assessment is required.



6.28 AVIATION

Item 24 of the SEARs requires an Aviation Report to be provided where a development proposed a helicopter landing site (HLS), or where it may impact the flight path or operation of an existing HLS.

Whilst the proposal does not include a HLS, it will impact the operational airspace associated with the flightpath for the HLS of the Wollongong Public Hospital. As such, an Aeronautical Study (Appendix 35) has been prepared by AVlaw to address item 24 of the SEARs and makes recommendations to allow for the construction of the proposed development.

The analysis undertaken by AVlaw has identified that operational airspace associated with the current south-west flightpath track R-234⁰ overlies the site boundary of the Wollongong Private Hospital and that construction cranes for the WPH development project will penetrate the operational airspace for the current flightpath track alignment. This is shown in **Figure 39** below where the operating area of the cranes is shown to overlap the airspace, but NOT the actual flight path.



Figure 34 Operating area for 73m crane booms relative to the current R-234⁰ airspace.



The analysis undertaken by AVlaw indicates that a ten-degree northerly (clockwise) rotation of the current south-west flightpath track and associated operational airspace will ensure the WPH construction cranes can operate clear of the operational airspace for medical transport helicopters serving the Wollongong Public Hospital heliport.

The AVlaw assessment of the obstacle environment for the heliport has also identified that the operational airspace for the current south-west flightpath track includes tall trees that extend above the design gradient nominated by the Civil Aviation Safety Authority for obstacle-free airspace associated with helicopters operating in Performance Class 1.

Whilst a rotation of the south-western flightpath track would facilitate the construction of the Wollongong Private Hospital Development, a permanent rotation of the flightpath alignment is recommended by AVlaw as an enhancement to the operational airspace for the heliport through the provision of a better obstacle environment than that associated with the current southwest flightpath track alignment.

This approach is considered to offer a reasonable temporary arrangement, which can be made permanent if desired.

6.29 CONSTRUCTION, OPERATION AND STAGING

This Section addresses item 10 (construction traffic management) and item 25 (construction, operation and staging) of the SEARs.

The proposal will maintain operations of the existing hospital at all times during the construction phase for the extension.

A Construction Traffic Management Plan (CTMP) has been prepared by TTPP and is included in Appendix 22. The CTMP indicates how the impacts of construction activity associated with the proposal can be appropriately managed through all stages of construction with regard to traffic management and pedestrian access.

Details of the CTMP are summarised below.

Staging

As detailed within the CTMP, construction works would be carried out in stages to minimise disruptions to the surrounding locality, impacts on the road users and ensure the continued operation of the existing hospital. As discussed above, the construction Contractor will be appointed at a later stage, when the detailed construction staging and associated timeline would be confirmed for the proposed development.

Whilst no particular staging is required during construction, it is expected that the construction works would be undertaken in four main stages as follows, with some construction stages expected to overlap:

- Stage 1: Demolition
- Stage 2: Excavation
- Stage 3: Structure
- Stage 4: Fitout and Finish

To maintain the operation of the existing Hospital during construction works, it is expected that once the new site access off Urunga Parade and the extended basement car park are constructed, the existing Hospital basement car park access will be closed to allow for modification works to be undertaken at the existing hospital building.

Over the course of the construction works, the two basement car park areas will be integrated, which would result in temporary loss of some car parking spaces. Following the completion of the integrated basement car park, the proposed development would have increased number of parking spaces on-site available for staff, patients, visitors and construction workers.

Construction Hours



The construction work hours are subject to future approval, however, are expected to be as follows:

- Monday to Friday 7:00am - 5:00pm
- Saturday 7:00am - 1:00pm
- Sunday and Public Holidays No works

Construction Site Access and Works Zone

The main construction site access will be provided off Urunga Parade via two existing access driveways into and out of the site. One remaining middle driveway that would no longer be in use will be removed. It is expected that the proposed construction site access driveways would be utilised for the demolition and excavation works.

To facilitate the turning movement of the largest design vehicle (19m truck and dog trailer) into and out of the site, one car space on the south side of Urunga will need to be removed.

However, one car space will be created from the redundancy of the middle driveway.

Hence, the proposed access arrangements would not result in any net loss of on-street parking spaces.

During the structural and fitout and finish stages, a construction works zone will be established along the Urunga Parade site frontage to facilitate the construction works. The length of the works zone would need to sufficiently accommodate vehicles up to 12.5m HRVs.

The proposed works zone will require temporary removal of some 4 on-street parking spaces on the south side of Urunga Parade. These on-street parking spaces are two-hour time restricted during the daytime and are typically used by visitors of the local residents and the hospital. It is expected that this car parking demand could be accommodated at the nearby time-restricted on-street parking as well as the multi-deck car park building off Dudley Street.

A separate permit approval will be managed with Council for the proposed works zone and associated on-street parking removal.

Materials and Handling Area

All materials and handling equipment will be wholly stored within the subject site and the proposed works zone. No building materials, work sheds, vehicles or machines would be stored on the surrounding road reserve or pedestrian footpaths.

Traffic Generation and Impacts

It is anticipated that the maximum number of construction trucks per day will be in the order of 40 trucks during the peak construction period, which is equivalent to 80 truck movements (2 truck movements = 1 truck entering and exiting the site).

During the AM and PM peak hours, there would be up to 8 trucks (16 truck movements) per hour. This is considered to be a low volume of traffic and is expected to have minimal impacts on the surrounding road network.

Pedestrian and Cyclist Impacts

Hoarding will be installed around the site to create separation between the construction works and pedestrians along the northern boundary of the Urunga Parade site frontage. It is noted that there is no dedicated pedestrian footpath on the south side of Urunga Parade along the site frontage. Notwithstanding this, traffic control devices such as traffic cones, will be installed around the proposed works zone to create separation between the works and potential pedestrian traffic.

Occasional pedestrians walking along the south side of Urunga Parade across the site access may be temporarily held to facilitate trucks entering and exiting the construction site.

However, pedestrians would only be held for a short period and would not be detoured in anticipation of trucks entering the site.

As all construction activities will be contained within the site and the proposed works zone separated from any pedestrian traffic, no adverse impacts are expected on pedestrian activities.

No cycling infrastructure will be impacted by the construction works.

6.29.1 Management and Mitigation Measures

The following mitigation measures are recommended within the CTMP:

- Minimising major delivery and truck volumes during the network peak hours and school pick-up/ drop-off hours
- Provision of traffic controllers to manage the interface between trucks, pedestrians, cyclists, and general traffic near the site access
- Installation of hoarding and traffic devices to create separation between construction works and road users
- Maintaining pedestrian paths and traffic flow past the site
- Maintaining bus service operation in the vicinity of site
- Installation of traffic signage to provide advance warning and inform road users of the changes in road conditions
- Encourage workers to travel to/ from site via public transport and active transport

In addition to the above mitigation measures, the following management procedures are recommended:

- Implementation of the Traffic Guidance Scheme;
- Monitoring of the CTMP;
- Site inspections and record keeping;
- Hazard and incident register;
- Worker induction training;
- Vehicular access management; and
- Nominated haulage routes.

6.30 CONTRIBUTIONS AND PUBLIC BENEFIT

This Section addresses item 26 of the SEARs.

The Wollongong City Wide Development Contributions Plan (2024) applies to the majority of the Wollongong City Council area, including the subject site. The contributions received from this Plan go towards the provision, extension or augmentation of public facilities, or towards recouping the cost of their provision, extension or augmentation. Contributions will be calculated as a percentage of the development value at a rate of 1% for development with a cost of more than \$200,000.

It is however acknowledged that Section 15 of the contributions plan states that Council may allow for exemptions (partial or full) under certain circumstances, including a development application for *(k) privately funded community infrastructure, such as private hospitals*. In order to consider an exemption to contributions, the plan requires the following to be identified in writing:

- Under which sub-clause the exemption claimed is to be considered.

- The mechanism ensuring that such development will remain in the form proposed in the future (i.e. Not to increase future demand on public amenities and services), NB: where a further development application or application for complying development under the EP&A Act is required for any change to the development no mechanism is necessary, however if a change of use is available by way of exempt development then the requirement for a mechanism remains.
- Other items if applicable:
 - How the development will incorporate the maintenance of the item of heritage significance.
 - How the development will contribute to the public benefit of the community.
 - Works in the public domain included in the development.
 - How the residents/users will utilise existing private facilities attached to the development that replicate those types provided by Council.
 - Advice indicating that the application is on behalf of Council or the NSW Government. Exemptions (partial or full) listed under clause 15 (g) to (n) will only to be granted with approval of the Council Officer(s) whose position(s) holds the required Council delegations or by formal resolution of the Council at a public Council meeting.

Notably, given the nature of the land use for a private hospital, which is already an existing use of the site, that is being maintained, and the proposal will provide the following public benefits:

- Retention and reuse of a heritage item;
- Support of IAMS and the Indigenous community by providing tenancies for various health services;
- Enhancement of the public domain around the site and provision of a new through site link to improve pedestrian connectivity; and
- The private hospital use will operate independently from other private facilities.

Having regard to the above process, a written submission will be made to Council by the proponent following lodgement of the SSD application requesting its consideration for an exemption to the Section 7.12 contributions concurrent to the Department's assessment of the SSD application.

Further to the above, and critical to the discussion of the public benefit, the proposal will provide a considerable increase in medical services and facilities across the site to meet the demand of the growing community, and their evolving health conditions and needs. Indeed, the additional floor space proposed will have a direct public benefit in that it will relieve pressure on the Wollongong Public Hospital, and provide a greater and more diverse offering of medical support in an accessible location. Importantly, the proposal has a direct impact on the Indigenous community through the provision of a mums and bubs clinic and a medical clinic solely for the purpose of Indigenous health care and support. Overall, the public benefits of the proposed development are not only clear but they exceed expectations.

6.31 OTHER APPROVALS

Approvals under Section 138 of the *Roads Act, 1993* will be required for:

- The construction of the new driveways off Urunga Parade; and
- The works within the public footpath and nature strip to level and enhance the public domain.

With regard to groundwater monitoring given that the predicted inflow is less than 1 ML/year the proposed excavation is exempt from requiring a Water Access Licence from Water NSW and rather, requires a Water Supply Works Approval for construction dewatering.

No approval required from the commonwealth minister under the Environment Protection and Biodiversity Conservation Act, 1999.

6.32 PUBLIC INTEREST

The proposed development is in the public interest for the following reasons:

- The proposal will contribute to employment targets in the Illawarra Shoalhaven Regional Plan;
- The estimated capital investment of an estimated \$127 million (excluding GST) is likely to generate approximately 149 FTE jobs per annum directly in the construction industry, plus another 280 production-induced indirect FTE jobs and a further 310 consumption-induced FTE jobs elsewhere in the economy;
- When fully operational, the proposed expansion is expected to deliver a total of approximately 275-320 direct FTE jobs including both hospital jobs and jobs supported by the medical suites/tenancies and the medi-hotel;
- The direct employment will have flow-on impacts and create another 76 production induced indirect FTE jobs and a further 336 consumption induced FTE jobs elsewhere in the economy;
- Generate a direct industry value added of \$40.3 million per annum during operation.
- The proposal will deliver a high-quality development that optimises the use of an appropriately zoned and serviced urban allotment and at the same time the proposal maintains existing development that contributes to the existing character of the locality.
- The proposed expansion will create capacity to deliver an additional 90-100 hospital beds within the Wollongong Private Hospital following completion. This is anticipated to make a significant contribution to addressing the current and future private hospital bed undersupply within the region in the foreseeable future.
- The proposal aligns with the strategic planning for the Wollongong Health Precinct which envisages expansion of the existing precinct to meet the growing needs of the Illawarra Shoalhaven region with regard to a rising demand for health services but at a rate beyond that attributed to population growth.
- The proposal will maintain the residential amenity of the low density residential neighbourhood to the west of the site.
- The proposed development complies with the aims and objectives of the planning controls applying to the site with the exception of the height and FSR standards, with the variations proposed having no negative impacts and appropriate positive impacts to the overall development;
- The proposal incorporates a variety of case-specific and generic ESD elements to reduce emissions and improve the efficient use of energy and water and support positive health and social actions of staff; and
- The majority of impacts are positive (and can be enhanced and optimised) and the negative impacts are minor, mostly transient and manageable.
- The proposal will provide significant support for the Indigenous community through the provision of health services and facilities that are designed and operated for Aboriginal men, women and children who require medical support.
- The proposal provides a strong and meaningful connection to country, imbedded throughout the architectural and landscape design across the site, to provide a meeting place that embodies the concept of the circle of life, where culture and medicine come together, grounded in Country.

7. Proposed Development Justification

Justification for the proposed development has been established throughout this EIS, particularly in relation to the impacts of the proposal, how it aligns with the overarching strategic directions and the statutory planning legislation applicable to the site, and how it has been designed to respond to the context of the site to provide an outcome that minimises adverse impacts on the surrounding locality and meets the needs of the local community.

A summary of the key points of justification for the project, as detailed within the EIS and accompanying technical reports, is provided below.

7.1 DESIGN OF THE PROJECT



SSD-84096206 provides a high standard of architectural, landscape and urban design throughout a bulk and scale of development that is appropriate in the existing and desired context of the site. The development has been designed to adequately respond to the streetscape and present as a high quality built form that will improve the quality and amenity of the public domain, with no adverse impacts on the amenity of the surrounding area.

Overall, the proposal will deliver a high quality built form with an external appearance that makes a positive contribution to the streetscape and to the overall character of development within the locality. The new hospital expansion will reach twelve (12) storeys in height, sitting at a height and scale that is sympathetic to the existing nine (9) storey hospital on the site.

The proposal ensures a high quality built form which capitalises on the sites opportunities to expand the hospital in a way that recognises the transitional context of the site at the same time as delivering density which is considered to be characteristic of a strategic health node. In balancing the demand for additional medical floor space and the urban conditions of the site, the design modulates the built form at several scales to facilitate transition and allow for built form that reinforces the existing context of the precinct, but to appropriately transition at the edge of that established precinct. The proposal reduces building footprint through redistribution of height and enables retention of a heritage item. The proposed massing is modulated in a way that breaks down the visual bulk and scale to present a high quality urban form.

The proposed built form has been carefully considered and designed to complement the existing hospital on the site and to ensure when complete the overall development expresses a cohesive and consistent character which aligns with the emerging character of the health precinct. The western wing sits at a height which is appropriate for the context of the locality, specifically with regard to the Wollongong Public Hospital, and appropriate for the strategic vision and demand for increased health services within the precinct. The scale of the proposal is mitigated through the recessive design of the upper storeys which successfully mitigates the visual bulk of the expansion, particularly when viewed from the adjoining residential zone. The proposed built form whilst reaching 12 storeys in height will step down to 7 storeys at the interface with the adjoining R2 Low Density Residential zone, whilst also retaining the single storey buildings at No. 366 and 368 Crown Street to further mitigate the visual bulk of the proposed built form. This proposed transition is enhanced through the significant and detailed articulation of the built form at this interface.

The proposal provides building setbacks and separation to adjoining sites which achieves, and in some cases, exceeds the requirements, to mitigate visual bulk and less the impact of the proposal when viewed from adjoining sites. The series of setbacks as well as recessed surfaces, vertical elements and projecting features results in a highly articulated façade. The façade has been modulated and finished to provide a transition from the existing hospital to the neighbouring low scale buildings.



A key aspect of the proposed built form and layout at the ground floor is the new through site link that provides a connection between the two street frontages and the main social spaces of the hospital. This new link maximises connectivity through the site and presents a positive outcome for the site and the community.

The proposed development has been designed with Country, with a strong and meaningful connection with country embedded throughout the proposed uses, architectural design and landscape strategy. Indeed, the proposal incorporates connections and artwork in built form and nature which tell a story of connection, particularly with water, being the thing that sustains, heals and connects us all. Pathways and linkages acts as the flowing rivers as they lead to the meeting places within the development, symbolic of sacred watering holes which support life and renewal, not unlike a hospital. Overall, the proposed design takes significant cues from Indigenous culture to provide a space where culture and medicine come together, grounded in Country.

7.2 CONSISTENCY WITH STRATEGIC CONTEXT

This EIS has demonstrated how the proposed development aligns with the strategic directions and vision for the wider Illawarra Shoalhaven Region and the more specific priorities relevant to the Wollongong Health Precinct. As described in detail within the EIS, the proposal responds to the strategic planning that has been undertaken for the site and broader region which identify a significant need for additional healthcare and services across NSW.

The NSW Future Health Plan identifies that by 2061 that there will be 11.5 million people living in NSW, which is 3.3 million more than in 2020. Based on these projections, NSW Health advises that activity within the health system will nearly double by 2031 as a result of:

- Rising demand at a rate beyond that attributed to population growth;
- Changing demographics with the population of over 65s accounting for 45% of health activity; and
- Growing complexity of chronic conditions.

Overall, the NSW Future Health Plan makes evident the increasing demand for health services based on the growing population; a demand in which the hospital expansion under SSD-84096206 directly responds to this through the provision of additional healthcare floor space within a site already established for such.

Furthermore, the Illawarra Shoalhaven Regional Plan 2041 identifies a need to enhance the growth potential of the Wollongong Health Precinct, identifying the Wollongong Public and Private Hospitals as the anchors to the precinct. The plan emphasises the need to transform the precinct from a collection of health and medical related uses into a nationally significant health precinct. The proposal aligns directly with this aim through the proposed expansion and capacity increase of the private hospital to better support the prosperity of the city and attract private sector investment and business. Importantly, the site has already been established for hospital use, and the proposed expansion seeks to capitalise on this and respond to the clear strategic vision to expand the health services provided within the precinct. The proposal includes additional floor space to provide state-of-the-art medical services and facilities which can support cutting-edge medical treatments that are at the forefront of healthcare.

Most importantly, the proposal aligns with the strategic planning for the Wollongong Health Precinct which envisages expansion of the existing precinct to meet the growing needs of the Illawarra Shoalhaven region with regard to a rising demand for health services bat a rate beyond that attributed to population growth. The Wollongong Health Precinct Strategy has been prepared to encourage expansion of the precinct to accommodate the growing population of the region and specifically marks land within and around the Wollongong Private Hospital for such expansion. The proposal directly responds to the strategy in that it provides for the expansion of medical floor space on the site to increase the capacity of the hospital and diversity of the services it provides.

SSD-84096206 is demonstrably consistent with the strategic context for the site.

7.3 COMPLIANCE WITH STATUTORY REQUIREMENTS

The EIS identifies that the development is permissible with consent within the SP1 Special Activities (Hospital) zone under the Wollongong LEP 2009 and is correctly categorised as an SSD in accordance with Clause 14 of Schedule 1 of SEPP (Planning Systems) 2021.

The EIS also sets out the power to grant approval to the development and the pre-conditions and mandatory matters for consideration by the consent authority.

This EIS has assessed the proposed development against the applicable statutory requirements, which are as follows:

- *Biodiversity Conservation Act 2016;*
- *State Environmental Planning Policy (Planning Systems) 2021;*
- *State Environmental Planning Policy (Resilience and Hazards) 2021;*
- *State Environmental Planning Policy (Transport and Infrastructure) 2021;*
- *State Environmental Planning Policy (Sustainable Buildings) 2022; and*
- *Wollongong Local Environmental Plan 2009.*

The EIS demonstrates the proposal achieves compliance against the relevant statutory requirements.

7.4 ENVIRONMENTAL IMPACTS

This EIS has addressed the potential environmental impacts of the proposed development. The proposed development has been designed to minimise adverse impacts on the surrounding locality with regard to privacy, overshadowing, noise, parking and traffic and waste, during both the construction and operational stages of the development.

Specific mitigation strategies have been identified addressing the impacts of the development as set out in Appendix 4.

Based on the environmental impact assessment that has been undertaken within this EIS, it is considered SSD-84096206 will not give rise to any cumulative environmental impacts that cannot be appropriately managed through the implementation of the mitigation measures that are identified within the supporting technical studies as summarised in Appendix 4.

7.5 SOCIAL AND ECONOMIC IMPACTS

The proposed development will have predominately positive social and economic impacts on the surrounding locality.

As identified in this EIS, there is a gap analysis when considering the existing and approved health care supply within the region. The proposed expansion will address this existing demand and create capacity to deliver an additional 90-100 hospital beds within the Wollongong Private Hospital following completion. This is anticipated to make a significant contribution to addressing the current and future private hospital bed undersupply within the region in the foreseeable future. The proposal will also increase the amount of medical floor space on the site to provide state-of-the-art medical services and facilities which can support cutting-edge medical treatments that are at the forefront of healthcare.

SSD-84096206 seeks to not only relieve the strain on the existing health services within the district, which includes the existing Wollongong Private Hospital, but also seeks to directly provide for the needs of Aboriginal communities with regard to access to healthcare and support. Indeed, the Applicant has engaged with Illawarra Aboriginal Medical



Services (IAMS) as part of the development of this project to understand the needs of the Aboriginal community and how this proposal might be able to assist. Following liaison with IAMS the proposal will lease the existing buildings on the site to be retained at No. 366 and 368 Crown Street to IAMS. Specifically, it is understood that the tenancy at No. 366 will be utilised as a birthing centre for expecting mothers of the Indigenous community providing support before birth, strengthening relationships and ensuring patients feel culturally safe and cared for throughout their pregnancy journey. The tenancy at No. 368 will be utilised as a general medical centre for the Indigenous community, providing accessible healthcare for the community. Overall, the proposal will have a direct and significant positive influence on the Aboriginal community, providing spaces that offer medical support, surrounded by architectural and landscape design which have country embedded throughout.

The proposed expansion can support local economy and improve the overall health care provision within the local and wider area by providing more employment floorspace and promoting industry diversification. It will generate more employment during the planning, construction, operational and maintenance stage.

7.6 COMMUNITY RESPONSE

The Engagement Report at Appendix 36 provides details of the engagement activities in regard to consultation within the local community and stakeholders nominated in the SEARs.

During the engagement process there were various concerns raised with the proposal, however, and as addressed at Section 5 of this EIS, the proposed design and documentation suitably responds to the concerns raised. The Applicant will continue to communicate with all stakeholders during the assessment process and update the Engagement Strategy with Responses to Submissions.





8. Conclusion

This EIS has been prepared to consider the potential environmental impacts of the proposed expansion of the existing Wollongong Private Hospital at Nos. 15, 17, 19, 21, and 23 Urunga Parade & 360-364, 366 and 368 Crown Street, Wollongong.

This EIS has been prepared in accordance with the requirements of Part 8 of the Environmental Planning and Assessment Regulation 2021 (the Regulation). The EIS addresses the issues listed in the SEARs (Appendix 1).

The EIS is supported by specialist reports, to address the key issues of the project identified in the SEARs and identifies mitigation measures for the potential impacts of the proposed development.

The proposal aligns with the strategic vision for the site with regard to the regional and local strategic planning documents and satisfies the objectives and/or controls of key development standards applying to the site. Whilst the proposal will seek to vary the building height and FSR development standards for the site, the submitted Clause 4.6 variation requests demonstrate that compliance with the standards is both unreasonable and unnecessary and that there are sufficient planning grounds to support the variations.

Overall, SSD-84096206 seeks to provide for an expansion to the existing Wollongong Private Hospital which will increase the amount of medical floor space and employment opportunities within the Wollongong Health Precinct, and support the existing hospital land use. Importantly, the site provides the most suitable location for additional medical floor space given its position within the emerging health precinct and its specific zoning for hospital purposes. Furthermore, by co-locating with the existing Private Hospital, as well as in close proximity to the Wollongong Public Hospital, it allow for synergies and efficiencies for service offering and provides the best outcome for the region in terms of medical support and connectivity. SSD-84096206 has been designed to exhibit design excellence and provide a bulk and scale of development that does not result in any unreasonable adverse impacts upon the surrounding properties.

Accordingly, in the circumstances of the case, SSD-84096206 is considered to be in the public interest and it is recommended that the Minister grant consent to the application.