

Our Ref: 2021 – 011

17th February 2021

NSW Minister for Planning and Public Spaces and
Independent Planning Commission
c/- Director Social and Infrastructure Assessments
Planning and Assessment
Department of Planning, Industry and Environment
Locked Bag 5022
PARRAMATTA NSW 2124

Submission Lodged Electronically via
www.planningportal.nsw.gov.au/major-projects

Dear Sir/ Madam

RE: KAVANAGH OBJECTION to SSD-10394
ST JOHN OF GOD RICHMOND HOSPITAL REDEVELOPMENT
Lot 11 in DP 1134453, 235 Grose Vale Road, North Richmond

This letter of objection is prepared on behalf of Eugene and Debbie Kavanagh who reside on the farmland immediately south of the State Significant Development Application St John of God Hospital site at North Richmond.

The Kavanagh's contact details are:

Eugene & Debbie Kavanagh
35 Grose River Road
North Richmond, NSW

A number of substantive, reasonable concerns are identified regarding the advertised State Significant Development, which it is requested should result in amendment to the lodged plans and details and/or imposition of specific conditions.

Matters requiring lodgement of amended development application details for the southern residential pavilions:

1. **Revised Clause 4.6 Objection** – the current Clause 4.6 Objection contains substantial errors and omissions that by any reasonable reading of the document render it unsupportable in its current form.

The Site Analysis image at Figure 3 of the Design Report is blurry. The RL of the closest current hospital building to our client's farm site is not legible. A similar blurry image is included as Figure 4 which has illegible RLs for proposed new buildings. The objection also incorrectly refers to FSR at one point, rather than height. The DA's '10m height boundary plan' confirms a proposed maximum roof height of RL 73.77 – but this plan does not include any details to confirm the actual ground level under that RL73.77 nor any details to confirm the height of basement/subfloor areas and any fill or retaining walls that are additionally proposed in any particular location on the site.

Additionally, no visual analysis of the proposal from the Kavanagh's property (which includes three dwellings) plus extensive other farm infrastructure, has been undertaken despite this forming a clear component of the Department's SEARS requirements.

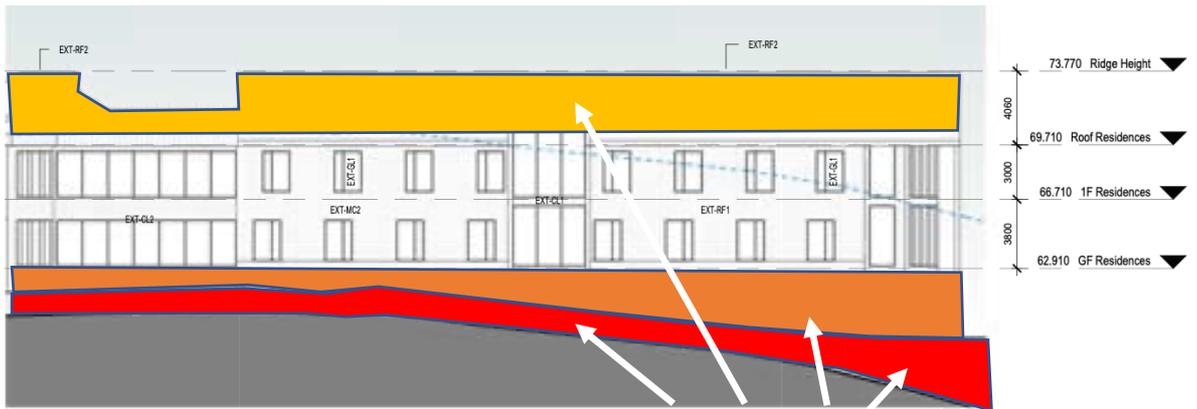
The submitted Clause 4.6 Objection to the LEP 10m height control has failed to justify why the height non-compliance satisfies the relevant zone objectives related to the height of buildings



standard and it has failed to demonstrate that the height standard is irrelevant to the development. These are key deficiencies in the current application documentation.

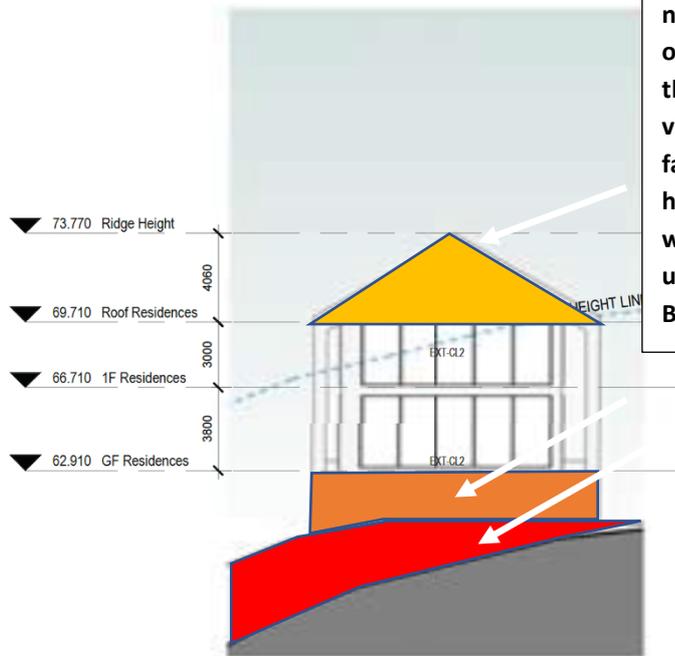
The non-complying southern elevation of the redevelopment will present as a domineering form from the Kavanagh’s property, due primarily to the proposed voluminous and high-pitched roof, combined with an elevated finished ground floor level for the four residential pavilions that will sit above natural ground level along a majority of the residential pavilion length.

Cross Sections 7 and 8 as extracted below illustrate how the proposed height non-compliance is a result of these few unreasonable design choices and which non-compliance could easily be rectified by setting the 4 pavilions at a lower natural ground level, reducing fill and/or subfloor areas and determining to adopt a lower pitched, skillion or relatively flat roof form.



07 SOUTH ELEVATION
SCALE: 1 : 200

Aspects of proposed hospital build that add significantly to the height non-compliance and overall bulk and scale of the proposal when viewed from adjacent farmland and the farm house and which height will also compete unnecessarily with the Belmont House roof line



08 EAST ELEVATION
SCALE: 1 : 200

Marked Up Cross Section Extracts of Southern Residential Pavilion by All About Planning Pty Ltd

A reasonable reduction to the proposed pitched roof coupled with a drop in the ground floor level through additional minor site excavation at the higher end of the pavilions and a reduction on subfloor area could be agreed in order to achieve full and/or more substantial compliance with the LEP height control. These are all relatively modest changes that can be achieved without impacting on proposed hospital bed numbers, preferred internal floor to ceiling levels or the preferred floor plan and disabled access outcomes.

Setting the ground level closer to or just below natural ground level at the higher end of the southern part of the site would drop overall roof ridge heights considerably in this area, reduce the visual dominance of the new residential pavilions as viewed from the Kavanagh's farm but also internally, would reduce the height non-compliance and avoid the need for fill and/or large subfloor areas and/or associated retaining walls on or near the southern boundary and excess building bulk.

The Clause 4.6 objection states that the reason for the design's adoption of pitched roof forms is that "*pitched roofs are traditionally associated with rural areas*" (refer p.6). This is not a sufficient reason to pursue a non-compliance that has significant visual impacts on the immediate locality.

It is not agreed that a steep pitched roof form is clearly preferable in the circumstances of this site redevelopment and the rural context. The elevated promontory location of the hospital site with four new extensive elevated pavilions ringing the entire southern perimeter is not the most suitable location for proposal of a substantial height non-compliance.

In terms of the heritage impact of the proposed non-complying height for these residential pavilions it is considered that a reduction in overall pavilion height would also result in an improved outcome to protect the visual prominence of the Belmont House Roof. The current roof heights for the pavilions will sit well above the primary height of the Belmont House roof. This is not considered a desirable outcome even though the proposal does positively incorporate a wider curtilage/setback for buildings around Belmont House.

The Clause 4.6 Variation states that "the additional height does not result in any adverse visual impacts" however the variation request has failed to assess the visual impact of the non-compliance from the perspective of our clients being the closest rural neighbours (which property contains three dwellings) or the heritage conservation benefit to Belmont House of adopting a lower pavilion roof ridge.

The Clause 4.6 variation goes on to state "*the additional height does not result in any adverse privacy impacts... the hospital does not overlook any sensitive uses being surrounded by rural grazing land.*" This is an incorrect statement, as the Kavanagh's farm contains three occupied dwellings and ongoing rural activities on site are sensitive, including the spraying of weeds, application of fertilisers, vegetation burning and periodic shooting of animals and vermin. It is expected that the current farming operation could well be viewed as an alien and undesirable land use that could potentially trigger a future land use conflicts, especially as the orientation of the redeveloped hospital is so outward focussed.

The proposed hospital redevelopment will also result in a further intensification of hospital site uses.

Whilst the nearest dwelling as mentioned in the Clause 4.6 objection is approximately 300m away, the Kavanagh's have confirmed they are very concerned about the domineering new built form which wraps around the entire southern boundary of the site, the lack of landscaping, the non-complying additional height (even though it is hard to be specific about the details given the lack of plan details (insufficient natural ground level and existing roof details in the lodged application). They also feel the proposal is designed to overlook them whereas the current form is much more considerate of them as neighbours, being to a land use positioned on the prominent adjacent hill.

The proposed removal of established mature trees along the southern boundary will contribute to the high exposure of the non-complying height pavilion buildings.

In the above ways the southern pavilions for the hospital redevelopment do not contribute positively to the rural character of the area and adjacent residential and rural land uses.

In terms of the steeply pitched roof choice for these pavilions it has not been demonstrated why the alternative of a less steeply pitched roof or a modern flat or skillion roof form perhaps combined with a lower wall height could not be alternatively adopted for the new modern residential pavilions.

It is also noted that the Clause 4.6 variation at p.9 incorrectly refers to an FSR standard rather than the height standard.

For all the above reasons the Clause 4.6 objection has not demonstrated that the additional height will result in a better planning outcome than a compliant height proposal.

Compliance with the 10m LEP height standard is a reasonable requirement for the site, especially in respect of the southern pavilion buildings which are positioned at an important interface between the adjacent rural and hospital uses of the subject site.

2. **An updated View Impact and Design Analysis that actually addresses the following SEARS requirement is needed** – submission of a “view analysis, photomontages and architectural renders, including from public vantage points and a Design Report identifying the potential impacts on the surrounding built environment and adjoining heritage items.”

Both the current lodged Design Report and Landscape Report fail to consider visual and landscape impacts of the proposal as viewed from the adjacent farm. No analysis of impacts from our clients the Kavanagh’s adjoining property is included in either document, despite the farm being the closest residential and rural use to the site and with views of the Kavanagh farmland forming a particular noted feature of the redevelopment.

The submitted architectural plans should include clear and specific details that confirm the existing ground levels and existing roof levels for the site so that the proposed building height can be accurately checked at any particular location on the site and to compare the proposal with existing building roof heights, including for those buildings proposed in proximity of the southern boundary of the site. The submitted survey of the site does not assist with this analysis in any real sense.

The Residential Pavilions 1, 2, 3 and 4 will be the closest new buildings to the farm and associated three farm houses and will be very prominent – it appears up to 4 ½ storeys in scale/built form, when the fill and subfloor areas under the nominated ground floor are also included as well as the steep pitched roof. The four residential pavilions are proposed to be positioned around the promontory edge in a wall like arrangement and will replace the existing more modest floor areas at the current hospital site including the two and three storey St Augustine’s building. It is relevant to note that whilst St Augustines has a slim three storey element possibly up to a height of 10m (not able to be confirmed due to lack of detail), it is well articulated and does not wrap around the entire southern boundary. The Monastery, the Archives and pool area were constructed in the 1950s and their built form is well modulated, does not exceed 10m above natural ground level and does not contain large areas of glazing that overlooks the farm. This existing built form is also softened by significant established gardens and vegetation.

By contrast the proposed four residential pavilions include extensive glazing, are deliberately orientated outward to the south in order to obtain a direct outlook over the adjacent farmland and to the mountains beyond and additionally, kitchen and large lounge areas with wrap around full height glazing are proposed to further maximise views. Further, the existing established vegetation will largely be replaced by grassed lawn in a narrow 5m setback from the southern property boundary.

The imposing height of these four residential pavilions does not appear to have been informed by any site inspection and analysis of the proposal as viewed from the closest rural neighbour (being the three dwellings and farmland at the Kavanagh's farm). Nor does the view analysis document consider how much more visible the proposed new hospital will be from its ridgetop location from multiple places around the farm, with proposed new two storey buildings up to RL 13.4m above the existing elevated promontory but with no details provided of proposed natural ground level, any fill and/or the additional height above natural ground level of proposed subfloor areas.

The existing hospital is clearly visible from many areas around the rear portion of the Kavanagh's farm and their farmhouse in particular and it is clear that the proposed additional height coupled with increased fill and basement level plus removal of existing established vegetation on the promontory will unnecessarily increase the overall prominence and visibility of the hospital site.

3. **A reduced roof height and a reduced adopted ground level for all 4 of the residential pavilions is requested** – these pavilions being positioned along the southern edge of the hospital site and which are currently proposed to exceed the adopted height of buildings control by 3.4m.
4. **Modified landscaped planting and security fence treatment** - for the proposed grassed area between the residential pavilions and the southern property boundary, new tree and shrub plantings are required to replace the removal of the existing established trees in this location. Security fencing is also required to prevent patient access to the southern boundary, to remove opportunity for rubbish to continue to be thrown over the edge of the hospital site onto the Kavanagh's farm. Rubbish is a major issue for the Kavanagh's. Whilst bins are positioned along the hospital driveway walking path bins also need to be provided near the new accommodation. No opening windows will further assist as will provision of a fence to prevent walkers from accessing the southern edge of the property.



View of the Hospital Hill taken in front of the Kavanagh's new farm house. Photo supplied by the Kavanagh's

5. **Expert consideration of available mitigations to address likely Noise/Acoustic Impacts and other Land Use Conflicts** – arising from the ongoing farm operations on the hospital and which include periodic shooting of livestock and vermin, burning of vegetation, spraying of weeds and application of fertiliser, amongst other standard farming activities. Air conditioning plant noise impacts for the farmhouse must also be addressed.

Matters for Condition of Consent:

6. **Asbestos Monitoring** – An Asbestos Management Plan is included in the DA documentation at Appendix 11b which has been prepared by Airsafe. The Kavanagh's are most concerned about the presence of asbestos in the old buildings proposed for demolition, especially as Mr Kavanagh has asbestosis. Section 6.6 of the Asbestos Management Plan report discusses air monitoring.

Asbestos monitoring devices should be required by condition of consent to be installed on the Kavanagh's property during the construction phase of the hospital redevelopment. In addition to their main house, the Kavanagh's also have 2 other houses occupied on their farm with tenants and they feel responsible for their health as well, so they request that these other dwellings have asbestos monitors installed near their homes also.

7. **Stormwater Erosion Rectification Works** - the St John of God site has caused a significant existing erosion issue for the adjacent farm site owned by the Kavanagh's. The new proposed stormwater arrangements are a rock dissipation area and onsite 40 kL detention tank which seem satisfactory but which do nothing to address the current stormwater erosion that has occurred on the farm to date due to Stormwater runoff from the hospital.

It is requested that the existing stormwater erosion point on the farm now be rehabilitated based on expert advice. It is anticipated that a condition of consent could be imposed requiring the existing stormwater erosion point on the adjacent farm (caused by stormwater runoff from the hospital site) to be rehabilitated, in consultation with the neighbours.

Conclusion:

Please accept this letter as the Kavanagh's formal submission on the SSD. The matters raised in this submission are substantive and in AAP's view are worthy of detailed consideration. The Kavanagh's and I would appreciate confirmation of receipt of this submission and provision of an opportunity to discuss the above preferred amendments. It is confirmed that neither All About Planning Pty Ltd or Eugene and Debbie Kavanagh have made any reportable political donation over the past two years.

Lastly, I am advised that contrary to the consultation documentation lodged with the DA, the Kavanagh's were not consulted with during the development of the design, prior to lodgement of the DA with the planning authority.

If you have any questions regarding this submission, please do not hesitate to contact me or Eugene and Debbie Kavanagh directly.

Yours sincerely



Michelle Chapman, PIA Fellow

MPIA, Registered Planner

Master Town Planning

Bachelor Urban and Regional Planning (Hons)

Director

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