

RE: STATE SIGNIFICANT DEVELOPMENT SSD 17_8699 – GREENWICH HOSPITAL, 97 – 115 RIVER ROAD, GREENWICH

We write regarding this development as owners and occupiers of 117A River Road Greenwich, a property adjoining the western boundary of Greenwich Hospital.

NB: When reviewing our comments on the development's effects on our property, please note that Greenwich Hospital's submission Appendix E Survey, incorrectly identifies our street number as 117B River Road. Our property, DP420091, is 117A River Road.

We have general objections regarding the impact of the proposed development on the surrounding neighbourhood, and also specific objections based on the particular impacts the proposal would have on our property, 117A River rd Greenwich.

1.GENERAL OBJECTIONS

We acknowledge the need for aged health care. Our general objections are based on the implications of the size and scale of the development, and the inappropriateness of the residential aspect of the development.

A quick look at the floor areas of this proposal shows that the health care aspect is actually secondary to the residential property development aspect. The public consultation meeting in December 2018 did not communicate significant details that we are only now being made aware of!

1.1. Greenwich Hospital's zoning is Infrastructure SP2

The objectives of this zone are:

- To provide infrastructure

To this end we think that the Greenwich Hospital upgrade is compatible with the zoning.

- To prevent development that is not compatible with or may detract from the provision of infrastructure.

To this end we think that the separate, residential accommodation venture is not directly health related, and not compatible with this zoning. Further, the building of this accommodation would restrict any future expansion of health services on the site. It is therefore contrary to the intent of the zoning in that it detracts from the future potential for provision of infrastructure.

We appreciate that the Greenwich Hospital upgrade qualifies as a SSD but completely reject this proposal's inclusion of accommodation units being included in the SSD on the basis of a 'continuum of care'. The apartments are proposed to be built and occupied under a 'bonding' model. This model creates the way for the apartments and villas to be sold as part of a separate, non-health related,

commercial venture. We cannot see anything here to say that these apartments could not become 'retirement living' or even sold as non-health related properties in the future. In neither scenario would the owners necessarily need to use the specialised care of Greenwich Hospital.

Greenwich Hospital provides specialised health care rather than general aged care and that, surely, precludes the apartments from being considered as part of a 'continuum of care'. Further, best practice accommodation for older people living with dementia is one storey, in a low intensity environment, and purpose built.

We also note that the proposal lacks clarity about who is responsible for finalising the plans and building the residential part of the project, and the ongoing management of the residential aspects of the property. Would we need to deal with some 90 neighbours around any boundary problems we may have in the future?

1.2 This neighbourhood has R2 zoning, and the immediate neighbourhood is an area of land adjoining the Gore Creek Reserve - that sets the context for the built environment here

I have worked for decades in building and construction, with developers as clients. I understand that what we are looking at here is a substantial medium- high rise residential development, and one which is out of all scale with the houses of the surrounding R2 zoning. The R2 zoning creates the amenity of the area, underpins the values of the properties, and it has established the neighbourhood in which we chose to purchase, desire to live, and have invested in our homes. The proposed development is totally out of keeping with the equitable relationship of the built and natural environments of this valley, and would dramatically change the character of our neighbourhood. (see photos attached)

The residential aspect of the Greenwich Hospital development seeks to derive a large part of its value by exploiting this R2 zone-created amenity. However, in benefiting from its position it would destroy the R2 zoning amenity of its neighbourhood. Rather than providing a benefit for this community, the residential aspect of the development would degrade the quality of life here.

The overshadowing of adjacent bushland would change the local environment and biodiversity of the area. As stated in its own submission, Greenwich Hospital sits 25m above the Gore Creek Reserve and also the lower, Reserve fronting, portion of our property. The overshadowing by the towers would cause loss of direct sunlight, adversely affecting the existing bushland in the Reserve and on our property, and would result in loss of flora and changing the fauna habitat in the Reserve.

Council and state revenue from these units may contribute to community benefit but due to this development being undertaken by a church run organization it is unclear to us as to whether these responsibilities would be required. Would this development degrade the amenity of this area while enriching a church run organisation with tax-free status, and perhaps greatly enriching a third party developer?

1.3 The claims of appropriate location and proportion, and contribution of visual interest and public amenity are ludicrous

It is noted in the submitted EIS in section 7.1.1 Environmental Planning and Assessment Act 1979 in Table 6 (g) that the *"The proposed development is appropriately located and proportioned and would*

assist in creating visual interest and contribute to public amenity". This is a manifestly unsupportable statement for the following reasons:

1.3.1 Height

In the environment of the R2 zoning the proposed residential towers would now be higher than the existing peak of the current hospital rooves, dwarfing the one and two level homes in the surrounding valley.

1.3.2 Location

The siting of Greenwich Hospital is that it sits on a prominent plateau above the surrounding valley. It would be viewed from Greenwich, Northwood, Gore Hill and possibly Lane Cove. It would block views for properties to the north.

Its proposed height would dwarf the built and natural environment from which it seeks to derive value, blocking views and introducing the precedent of high rise, medium density residences to this area.

This is not an appropriate location – the height of the proposed development would dominate the surrounding properties and the bushland, about 50 metres below.

This is a design without precedent in the area, without contextual respect; it is a development proposal which would be more appropriate on the Pacific Highway at St Leonards e.g. in the grounds of Royal North Shore Hospital.

1.3.3 Scale and Bulk

'Appropriate proportion' is claimed in the development submission. 'Appropriate proportion' is a quantitative and equitable relationship between two entities. The scale and bulk of the residential apartments is *not* 'appropriate proportion' relative to either the surrounding built environment or the natural environments of this neighbourhood.

We note the absolute *paucity* of documentation provided for the Department and residents to accurately determine the impact of the scale and bulk of the proposed buildings adjacent our properties. There are no architectural elevations or dimensions given on the western aspect of Greenwich Hospital buildings except the R.Ls on the survey Appendix. There is *one* dimension on one of the sectional elevations. However, given my construction experience, it is obvious from these cross-section and plan drawings that a massive phalanx of apartments is proposed at the western boundary of the site adjoining our property.

We note here that Greenwich Hospital's community consultation evening in 2017 exhibited many architectural concept plans. These have not been included as part of this 'Concept Proposal' submission. The style of those concept plans indicates that there is a digital, 3D model/ rendering of the proposal that could be made available. From a 3D model many views may be displayed to give a clearer understanding of the proposed built form - this model should have been made available. The few selected views presented to the Department in this 'Concept Proposal' use topography and perspective to under-display the scale and bulk of the development. Is there a reluctance to share the more accurate, visual information provided by a model with the Department and the public?

1.3.4 'Visual Interest'

The neighbourhood currently enjoys a highly desirable level of visual interest. The built environment is of one or two storey houses with yard spaces and green screening, with significant planting and tree canopies. We are adjacent to Gore Creek Reserve, with very large, mature eucalypts, a significant understory and a creek; all affording a rich habitat for fauna. Currently our shared boundary with Greenwich Hospital is visually buffered by trees and dense understory, growing on a graded, riparian bushland bank. This current, visually enjoyable relationship of this riparian green screen is harmonious with the surrounding bushland of Gore Creek Reserve which adjoins both ours and Greenwich Hospital's southern boundaries.

The current character of Greenwich Hospital is very low key and is in keeping with a residential neighbourhood, and thus provides a restful environment for mental health and elderly patients and their families. (see photos attached). The trees on the western side of the property are an important factor in this.

The residential component of any proposed development should not be pushed to the western edge of the site. The plan should not include removing the buffer zone of mature trees. This green buffer zone has acted to reduce the visual and noise impacts of the current hospital. These changes would dramatically denigrate the visual interest of this environment. This proposal would dramatically impact this bushland setting and remove a great amount of the cover for the diverse range of fauna which occupy this remnant bushland area.

1.3.5 'Contribution to public amenity'.

The height, location, scale, bulk and form is alien to its environment and would *negatively* impact the public amenity to a significant degree. That is not to mention the negative impacts of increasing traffic flows of 100% by their own estimate, increasing noise and light pollution, creation of overlooking, overshadowing of neighbouring properties and bushland, and reduction of tree cover and understory protection for small fauna.

Rather than contributing to public amenity, the proposed development seeks to parasitically benefit from the amenity of the existing neighbourhood. If we ask what *real* public amenity/community benefit is correctly created by the accommodation component part of this proposal, we would have to say, *none*.

2. SPECIFIC OBJECTIONS, AS AN ADJACENT PROPERTY

From Greenwich Hospital's submission; SEPP requirement 34 The concept proposal has been architecturally designed to protect the amenity and privacy of nearby residential developments through varying setbacks, landscaped areas, built form and separation.

We dispute this claim. The architectural design for the residential accommodation has not been submitted so the assertion that it would protect the amenity and privacy of nearby residential developments is unsupported in the submission. The building envelope outlined in the undimensioned section elevations and plans manifestly display that we would lose amenity and privacy as an adjoining property.

The residential towers are now proposed to be built on Greenwich Hospital's western aspect, immediately adjacent to our adjoining property. The proposed apartments would visually dominate our house and land and adversely affect our enjoyment of our home. The bulk, height, proximity and scale of the residential components of the development, which is now so close to our property, are unreasonable.

This proposal would create significant loss of value to our property, and create significant loss of quality of life.

2.1 Breaching of previous agreement with the owners of 117A River Rd that Greenwich Hospital would establish and maintain a wide, green buffer between the hospital and 117A

The majority of our property sits some 6 metres below Greenwich Hospital carpark.

The history of our property was related to us by the previous owners with whom we met up regularly for many years. They built the house on 117A River Rd in 1966. Before Greenwich Hospital extended the carpark the height between Greenwich Hospital and our home was a densely wooded, sandstone escarpment with rock caves facing our house. Privacy from Greenwich Hospital was afforded by the vegetation on top of the escarpment and by trees on the house level.

When Greenwich Hospital extended its carpark towards the boundary, covering the escarpment and the trees to the boundary with an earthen bank, Greenwich Hospital agreed with the previous owners of 117A to plant a green buffer of vegetation; this was to provide screening on the bank's slope, and thus protect the privacy of 117A. That screening was in place when we purchased the house in 1999, and this green buffer has effectively screened Greenwich Hospital from us, and us from Greenwich Hospital.

Greenwich Hospital's maintenance of the green screening was part of the agreement made between the previous owner of our property and the hospital. During the last few years a number of the mature trees on the slope have died and have not been replaced by Greenwich Hospital. However, there still remains sufficient dense understory to afford adequate privacy for our home, yard, deck areas and pool, given the current operations. Greenwich Hospital has usually been responsive to any specific requests from us regarding the maintenance of the green buffer.

If the proposal was to proceed our eastern boundary would change from a bushland buffer zone to a built environment dominated by the equivalent height of eight floors of apartments. Further, Greenwich Hospital's Landscape Plan proposes that the riparian bank adjacent to our house would

contain maintenance/walking access tracks and resting places. The previously agreed-to screening function of the bank would be removed and supplanted with the completely opposite function: a recreation area with active overlooking opportunities of our pool area, deck, house and yardspace.

As the bank would be steeper it would afford a smaller horizontal dimension for planting. The gabion wall width would act to lessen that dimension even more as would the access paths mentioned in the submission. Practically speaking, the bank would become a retaining wall and offer very little area for planting. The reduced depth of vegetation cover would not provide sufficient protection for the existing fauna to repopulate.

2.2 Risk of low level flooding and erosion of our property

Originally there was a natural watercourse at the bottom of that escarpment. The natural waterway was piped to allow the carpark to be extended by bulldozing fill towards the boundary. This created the current bank. The piping of the natural watercourse and establishment of the bank have created an artificial watercourse running across the properties of 117A and 117B River Road.

The Barker Ryan Stewart report notes that a consequent overland flow path was created. Jeffery and Katauskas report that the toe, or bottom edge, of the battered earthen bank comes to the low point of the boundary. This already causes an overland flow path of water from Greenwich Hospital grounds to run across our land – this may have been unintended, but it is having a cumulative effect.

SEE Greenwich Hospital's submission:

- Barker Ryan Stewart Appendix I1 Civil Engineering Report: *An existing concrete dish drain intercepts storm water runoff along part of the western boundary of the site. An existing 750mm diameter storm water pipe and overland flow path convey storm water from the site to Gore Creek.*
- Jeffery and Katauskas Appendix K Preliminary Geotechnical Assessment P6: The northern and central portion of the western site boundary was lined by yard and pool areas of residences; the toe of one of the abovementioned fill batter slopes extended to this portion of the western boundary.

We have found that the artificial watercourse is eroding the base of the embankment on the boundary of Greenwich Hospital's and our property, and carrying the spoil into Gore Creek Reserve. The water is also being directed by the Greenwich Hospital embankment under our pool deck, flowing down the wall of the pool and eroding the soil there, and then also ending up in the Gore Creek Reserve creek.

Greenwich Hospital has no easement, and there is no agreement between Greenwich Hospital and us as owners of 117A, for this uncontrolled overland water flow across our property.

In the proposal the bank would be steepened to accommodate the closer tower buildings and roadway. The submission allows that that steeper bank would need reinforcing gabions for stabilization. We note the possibility raised in the Jeffery and Katauskas P/L Preliminary Geotechnical Assessment of the potential for failure of the planned steepened earthen bank adjacent to our boundary. Therefore any residential accommodation should be brought back from the boundary, the bank should be maintained at its current batter angle, and the existing green buffer vegetation

retained/ improved. Extensive additional tree planting, to be established during construction, would assist the stabilization of the earthen bank.

Further development on the site will increase this risk to our property. In the proposed development proposal the bank would be steeper and it would afford a smaller horizontal dimension for planting. The gabion wall width would act to lessen that dimension even more as would the access paths mentioned in the submission. Practically speaking, the bank would become a retaining wall and offer very little area for planting.

Any development proposal MUST include an effective plan for disposing of the water from the Greenwich Hospital site, and it MUST prevent water entering and degrading our property.

2.3 Loss of Privacy

Currently, our house is visually isolated from Greenwich Hospital grounds and buildings by the wooded bank with dense undergrowth, the screening ability of which is highlighted in Greenwich Hospital's Preliminary Geotechnical Assessment which states, 'we note our observations were limited by thick vegetation and tree cover'. Our house, deck and pool are all screened from view from the Greenwich Hospital access road and carpark by this riparian bank/ green buffer zone.

The buffer zone provides enough screening so that we only see glimpses of Greenwich Hospital buildings. The one building that we see from our property is slim, end on, painted in a gum green colour, and includes no windows overlooking our property.

Greenwich Hospital's proposal now seeks to remove the agreed-to green screen buffer, build towers that reach to a staggering *24.5 metres* above our property, make them far wider than the existing buildings and locate them closer to our boundary than the existing buildings. Our eastern boundary, instead of being a view of the riparian green space noted on Greenwich Hospital's own plans, would become a view of a phalanx of balconies. Our house, deck and pool would be in full view of the apartment balconies.

Further, there are walking paths and resting places mooted for the revised bank rather than bushland!

If Greenwich Hospital's residential submission proceeds to construction it would forever change the physical outlook from our property. We would lose our home's sense of privacy and the peaceful enjoyment of the property's surrounding bushland.

2.4 Environmental Change: removal of bushland fauna cover

The loss of the mature trees on the western boundary of Greenwich Hospital would degrade the bushland cover for a wide variety of animals and birds that provide a primary delight of living in our home.

This flora provides cover for fauna such as Eastern Water Dragons, possums, lizards, skinks, geckoes, insects and other small creatures. The vegetation provides nesting sites and protection for Superb

Blue Wrens, Tawny Frogmouths, Powerful Owls, parrots, lorikeets etc. On the day of writing this submission a pair of sea eagles was circling in a thermal above the valley – this is a significant valley that is worthy of significant protection.

The riparian area to the south west of Greenwich Hospital site is slated to have an increased bushland buffer yet the western earthen bank, which is nominated as part of that riparian land, is to have mature trees removed and the planting schedule does not address that loss!

SEE Greenwich Hospital submission; *P48 7.2.7 State Environmental Planning Policy No.19 – Bushland in Urban Areas State Environmental Planning Policy No.19 – Bushland in Urban Areas relates to the protection and preservation of bushland in urban areas.*

There is also no specifying plan for understory revegetation that would adequately reinstate the cover for local fauna.

2.5 Noise and Light Pollution

The shadow diagram shows that the height and proximity of the towers would shadow the north-eastern rooms of our house in winter. This loss of morning sun would be sorely felt.

The current hospital generated noise is mitigated somewhat by the vegetation between Greenwich Hospital and our property but the removal of mature trees and reduced planting area created by the submission's proposals would also remove that mitigation.

In addition, the number of car movements would increase and the attendant noise would increase. The proposed underground carpark entries facing our boundary would act as amplifiers of reverberated sound as cars accelerate to drive up from the carpark. An alternative route should be made available for vehicles to enter and exit the site.

The quiet and peaceful nature of this valley would be lost.

Light from the proposed apartments and their vehicles would dramatically increase light pollution at night in the valley. There would be lighting on the access road and when cars leave the underground car parks their lights would sweep across the three properties on the western boundary. Without the green screening currently on the bank there would be no mitigation of this light.

Presumably there would be added lighting on the mooted access/walking paths and rest areas on the earthen embankment bank adjoining our boundary. The walking paths concept is totally inappropriate – passive recreation spaces should be created in central parts of the property instead.

3. CONCLUSION

We thank you for the opportunity to present our submission.

We regard the proposed development and the scale of residential accommodation on the site as totally inappropriate, and quite a shock given:

- The SP2 zoning
- The original purposes when the hospital was established by the Sisters
- The reputation of Hammondville
- The history of Pallister House
- The lack of communication and consultation with us as adjoining property owners
- The impact on the valley
- The loss of value to us as property owners
- The loss of such significant features of our quality of life.

This is a precedent that should be refused. We do not believe that church-run health organisations should be allowed to act as property developers by stealth.

SEE ALSO:

The attached report by Assiduity on SSD 17_8699.

Yours sincerely,

Roger Apte

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ATTACHMENTS:

Photos

Report by Assiduity