

Request to modify a major project



NSW GOVERNMENT
Department of Planning

Date duly made: ____/____/____

Modification No. _____

1. Before you lodge

This form is required under section 75W of the *Environmental Planning and Assessment Act 1979* (the Act) in order to request the Minister to modify the Minister's approval to carry out a project or concept plan to which Part 3A of the Act applies.

Before making this request, it is recommended that you first consult with the Department of Planning (the Department) concerning your modification. The Director-General may issue environmental assessment requirements that must be complied with before your request will be considered by the Minister. If the changes proposed by the modification will result in a project that is consistent with the existing approval, the Minister's approval for a modification is not required.

Disclosure Statement

Persons making a request to modify a project or concept plan are required to declare reportable political donations (including donations of or more than \$1,000) made in the previous two years.

Note: For more details about political donations disclosure requirements, including a disclosure form, go to www.planning.nsw.gov.au/donations.

Lodgement

All modification requests must be lodged with the Director-General of the Department of Planning, by courier or mail. An electronic copy should also be e-mailed to the assessment contact officer assigned to the project.

NSW Department of Planning
Ground floor, 23-33 Bridge Street, SYDNEY NSW 2000
GPO Box 39 SYDNEY NSW 2001
Phone 1300 305 695

2. Details of the proponent

Company/organisation/agency

ABN

Health Infrastructure

89600377397

☒ Mr ☐ Ms ☐ Mrs ☐ Dr ☐ Other

First name

Robert

Family name

Rust

Position

Chief Executive

STREET ADDRESS

Unit/street no.

Level 8

Street name

Pacific Highway

Suburb or town

North Sydney

State

NSW

Postcode

2060

POSTAL ADDRESS (or mark 'as above')

PO Box 1060

Suburb or town

North Sydney

State

NSW

Postcode

2059

Daytime telephone

9978 5420*

Fax

Mobile

0410 432 505*

Email

leone.mcentee@hinfra.health.nsw.gov.au

3. Identify the land

STREET ADDRESS (where relevant)

Unit/street no.

Street or property name

Westbourne Street

Suburb, town or locality

St Leonards

Postcode

2065

Local government area(s)

Willoughby

State Electorate(s)

North Sydney

REAL PROPERTY DESCRIPTION

Lots 21 and 22 DP 863329

Note: The real property description is found on a map of the land or on the title documents for the land. If you are unsure of the real property description, you should contact the Department of Lands.

Please ensure that you place a slash (/) to distinguish between the lot, section, DP and strata numbers. If the proposed modification applies to more than one piece of land, please use a comma to distinguish between each real property description.

OR: detailed description of land attached: ☐

MAP: A map of the site and locality should also be submitted with this request.

4. Details of the original major project or concept plan

Briefly describe what the original approval allows

- Staged demolition of Buildings 1,2, 10 and part 19;
- New Acute hospital
- New Community Health Facility
- Internal alterations to Douglas Building
- 2 new pedestrian bridges
- new multistorey car park
- public domain works
- civil works

What was the original project application no.?

MP08_0172

What was the date of the approval?

17 June 2009

What was the original application fee?

?

Note: Clause 245K of the *Environmental Planning and Assessment Regulation 2000* provides information on calculating the maximum fee for a request for modification.

5. Describe the modification you propose to make to the development

Describe the proposed modification

Amendment to acute building to include Clinical Services Building to incorporate services and beds transferred from Douglas Building and an additional 60 beds.

Your modification request may need to be accompanied by an Environmental Assessment, including plans. An electronic and hard copy of this document will be required.

ESTIMATED CAPITAL INVESTMENT VALUE

Please indicate the estimated capital investment value (CIV) of the modification to the project approval or concept plan (excluding GST).

\$153 million

FULL TIME EQUIVALENT JOBS

Please indicate the number of jobs created by the proposed modification. This should be expressed as a proportion of full time equivalent (FTE) jobs over a full year.

Construction jobs (FTE)

Operational jobs (FTE)

6. Landowner's consent (where required)

As the owner(s) of the above property, I/we consent to this request being made by the proponent:

Land

Land

Signature

Signature

Name

Name

Date

Date

Note: Under Clause 8F of the *Environmental Planning and Assessment Regulation 2000* (the Regulation), certain applications for approval under Part 3A of the Act do not require consent of the landowner, however, the proponent is required to give notice of the application (e.g. linear infrastructure, mining & petroleum projects, and critical infrastructure).

7. Political donation disclosure statement

Persons making a request to modify a project or concept plan are required to declare reportable political donations (including donations of or more than \$1,000) made in the previous two years.

Have you attached a disclosure statement to this request?

☐ Yes

☒ No

Note: For more details about political donations disclosure requirements, including a disclosure form, go to www.planning.nsw.gov.au/donations.

8. Proponent's signature

As the proponent(s) of the project and in signing below, I/we hereby:

- provide a description of the modification to the project approval or concept plan and address all matters required by the Director-General pursuant to Section 75W of the Act, and
- declare that all information contained within this form is accurate at the time of signing.

Signature

In what capacity are you signing if you are not the proponent

	Name, if you are not the proponent
Name Robert Rist	
Date 29 Dec 2011	