Major Projects application

NSW GOVERNMENT
Department of Planning

Date received: ____/____/____ Project Application No. _____

1. Before you lodge

Under Section 75E of the *Environmental Planning and Assessment Act, 1979* (the Act) this form is required to apply for the approval of the Minister to carry out a Project to which Part 3A of the Act applies.

Before lodging this application, it is recommended that you first consult with the Department of Planning (the Department) concerning your Project.

Please be aware that before lodging this application you may need to conduct a Planning Focus Meeting that involves the Department, relevant agencies, Council or other groups identified by the Department. If you are required to conduct a Planning Focus Meeting, you will need to provide details on the meeting and any outcomes arising from it.

So that your application to carry out a Project is accepted as being duly made, you will need to

- complete ALL parts of this form, **and**
- submit all relevant information required by this form.

All applications must be lodged with the Director-General, by courier or mail.

Ground floor, 23-33 Bridge Street, SYDNEY NSW 2000
GPO Box 39 SYDNEY NSW 2001

2. Details of the Proponent

Part 3A identifies that the Proponent as the person proposing to carry out development comprising all or any part of the project.

Company/organisation/agency: Sydney West Area Health Service

ABN:

☐ Mr ☐ Ms ☐ Mrs ☐ Dr ☐ Other

First name:

Family name:

STREET ADDRESS

Unit/street no.: Cnr

Street name: Parker & Derby Streets

Suburb or town: Penrith

State: NSW

Postcode: 2750

POSTAL ADDRESS (or mark 'as above')

PO Box 63

Suburb or town: Penrith

State: NSW

Postcode: 2751

Daytime telephone: (02) 4734 2120

Fax: (02) 4734 3734

Mobile:

Email:

3. Identify the land you propose to develop

STREET ADDRESS

Unit/street no.: Nepean Hospital Campus

Street or property name: Derby Street

Suburb, town or locality: Kingswood

Postcode: 2747

Local government area: Penrith

REAL PROPERTY DESCRIPTION

Lot 1 in DP 1114090

OR: A detailed description of the land to which this application applies is attached: ☐

The real property description is found 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 Major Project applies to more than one piece of land, please use a comma to distinguish between each real property description.

If Clause 8F of the *Environmental Planning and Assessment Regulation 2000* applies to this Project, then this section does NOT need to be completed. However, you must ensure that the documents required by Part 4 below identify the land to which this Project applies.

4. Proposed Major Project – Description and other Requirements

Provide a brief title for your Project that includes all significant components. If the application relates to only part of a Project, include a clear title that describes the relevant part.

Integrated Mental Health Unit (IMHU) at the Nepean Hospital Campus.

Is the application related only to a part of a Project? ☐ Yes **X** No

You are also required to provide a Preliminary Assessment and address any matters required by the Director-General in accordance with 75E of the Act. Failing to do so may lead to your application being rejected.

Is a Preliminary Assessment attached:

Hard copy: **X** Yes ☐ No

Electronic version: **X** Yes ☐ No

(NB: An electronic copy is required as all applications must be provided on the Department's website. You should contact the Department on the correct electronic format).

Is the Preliminary Assessment consistent with the requirements of any Guideline produced by the Department (including any draft)? **X** Yes ☐ No

Does the Preliminary Assessment include additional matters required by the Director-General, such as evidence of a Planning Focus Meeting and consultation? ☐ Yes **X** No

CONCEPT PLAN

Is there an existing approved Concept Plan for the Site? ☐ Yes **X** No

If Yes, the Preliminary Assessment must provide details on the Concept Plan approval.

Does this application involve submitting a Concept Plan for the Project? ☐ Yes **X** No

If Yes, does the Preliminary Assessment address the Department's *Concept Approval Guidelines*? ☐ Yes ☐ No

FULL TIME EQUIVALENT JOBS

Please indicate the number of jobs created by the proposed Major Project. This should be expressed as a proportion of full time jobs over a full year.

Construction jobs (full-time equivalent): 104

Operational jobs (full-time equivalent)

5. Approvals from State agencies

Does the proposed Major Project require any of the following: (tick all appropriate)

- ☒ an aquaculture permit under Section 144 of the *Fisheries Management Act 1994*
- ☒ an approval under Section 15 of the *Mine Subsidence Compensation Act 1961*
- ☒ a mining lease under the *Mining Act 1992*
- ☒ a production lease under the *Petroleum (Onshore) Act 1991*
- ☐ an environment protection licence under Chapter 3 of the *Protection of the Environment Operations Act 1997* (for any of the purposes referred to in section 43 of that Act)
- ☒ a consent under Section 138 of the *Roads Act 1993*

6. Capital Investment Value

The Capital Investment Value of the development includes all costs necessary to establish and operate the development, including the design and construction of buildings, structures, associated infrastructure and fixed or mobile plant and equipment (but excluding land costs).

Estimated Capital Investment Value of Project: $ 42.057 million

7. Owner's Consent

As the owner(s) of the above property, I / we consent to the Proponent making this application on our behalf.

Signature

Name: Col Erickson for Sydney West Area Health Service

Date: 12 May 2010

Signature

Name

Date

Note: The Department will **not** accept an application for a Major Project without having the signature of the owner of the land, **unless** the Major Project is subject to Clause 8F of the *Environmental Planning and Assessment Regulation 2000*.

8. Proponent's Signatures

As the Proponent(s) of the proposed Major Project proposing to carry out development comprising all or any part of the project and in signing below, I / we hereby:

- have provide an accurate description of the Project and have addressed all matters required by the Director-General pursuant to Section 75E of the Act, and
- request the Director-General, subject to satisfying Clause 8D of the *Environmental Planning and Assessment Regulation 2000*, to prepare Environmental Assessment Requirements pursuant to Section 75F of the Act, and
- declare that the information contained within this application is accurate.

Signature 1

Name: Robert Rust

Date: 13/5/10

Signature 2

Name

Date

Political Donations Disclosure Statement to Minister or the Director-General

If you are required under section 147(3) of the Environmental Planning and Assessment Act 1979 *to disclose any political donations (see Page 1 for details), please fill in this form and sign below.*

Disclosure statement details

Name of person making this disclosure	Planning application reference (e.g. DA number, planning application title or reference, property address or other description)
ROBERT RUST CHIEF EXECUTIVE OF HEALTH INFRASTRUCTURE	PENRITH HEALTH CAMPUS - MENTAL HEALTH SERVICES (NEPEAN HOSPITAL)

Your interest in the planning application (circle relevant option below)

You are the APPLICANT (YES) / NO OR You are a PERSON MAKING A SUBMISSION IN RELATION TO AN APPLICATION YES / NO

Reportable political donations made by person making this declaration or by other relevant persons

* *State below any reportable political donations* ***you have made*** *over the 'relevant period' (see glossary on page 2). If the donation was made by an entity (and not by you as an individual) include the Australian Business Number (ABN).*

* *If you are the* ***applicant*** *of a relevant planning application state below any reportable political donations that you know, or ought reasonably to know, were made by any persons with a financial interest in the planning application, OR*

* *If you are* ***a person making a submission*** *in relation to an application, state below any reportable political donations that you know, or ought reasonably to know, were made by an associate.*

Name of donor (or ABN if an entity)	Donor's residential address or entity's registered address or other official office of the donor	Name of party or person for whose benefit the donation was made	Date donation made	Amount/ value of donation
NIL				

Please list all reportable political donations—additional space is provided overleaf if required.

By signing below, I/we hereby declare that all information contained within this statement is accurate at the time of signing.

Signature(s) and Date 13/5/10

Name(s) ROBERT RUST