

# Application to Modify a Development Consent

DA Modification Number: \_\_\_\_\_

## 1. Before you lodge

You can use this form to apply to modify a development consent given by the Minister for Planning. If the changes you propose mean the development will not be substantially the same as that originally approved, please do not use this form. You will need to submit a new development application.

### Disclosure statement

Persons lodging applications are required to declare reportable political donations (including donations of or more than \$1,000) made in the previous two years. For more details, including a disclosure form, go to [www.planning.nsw.gov.au/donations](http://www.planning.nsw.gov.au/donations)

### Lodgement

**To minimise delay in receiving a decision about your application, please ensure you submit all relevant information to us.** When your application has been assessed, you will receive a notice of determination.

To complete this form, please place a cross in the appropriate boxes ☐ and complete all sections.

## 2. Details of the applicant

NAME

Mr ☒ Ms ☐ Mrs ☐ Dr ☐ Other

First name

Matthew

Family name

Owen

Company/organisation

St Vincent's Private Hospital Sydney

99269630262

STREET ADDRESS

Unit/street no.

10

Street name

Oxford Street

Suburb or town

Paddington

State

NSW

Postcode

2021

POSTAL ADDRESS (or mark 'as above')

Locked Bag No. 5

Suburb or town

Darlinghurst

State

NSW

Postcode

2010

CONTACT DETAILS

Daytime telephone

0418212229

Fax

Mobile

Email

matthew.owen@svha.org.au

How would you prefer to be contacted?

Mobile 0418 21 2229

### 3. Identify the land

Unit/street no. (or lot no. for Kosciuszko ski resorts)

St Vincent's Private Hospital  
Sydney

Street or property name

406 Victoria Street

Suburb, town or locality

Darlinghurst

Postcode

2010

Lot/DP or Lot/Section/DP or Lot/Strata no.

Please ensure that you put a slash ( / ) between lot, section, DP and strata numbers. If you have more than one piece of land, you will need to separate them with a comma eg 123/579, 162/2.

20/854670, 21/854670, 2/804753

- (1) (Note: You can find the lot, section, DP or strata number on a map of the land or on the title documents for the land, if title was provided after 30 October 1983. If you have documents older than this, you will need to contact Land & Property Information (LPI), a division of the Department of Finance, Service and Innovation, for updated details.
- (2) Note: If the subject land is located within the Kosciuszko ski resorts area, DP and strata numbers may not always apply.

### 4. Details of the original development consent

Describe what the original consent allows

Redevelopment of the existing private hospital including the construction of a 13 storey East Wing building, addition of a storey over the existing SVPHS low-rise building and internal and external refurbishment works to the existing SVPHS low-rise and high-rise buildings.

What is the development application no.?

SSD 6840

What is the date of consent?

17/9/2015

What was the original estimated cost of development (including GST)?

\$95,374,000

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

Please indicate the type of modification you propose to make by placing a cross in the appropriate box ☐ below.

You need to submit with your application form a full description of the expected impacts of the modifications proposed, including relevant plans, drawings and compliance with relevant controls.

☐

A modification to correct a minor error, misdescription or miscalculation

Describe the error, misdescription or miscalculation

(Refer to section 96(1) of the *Environmental Planning and Assessment 1979* (EP&A) Act)

- ☒ A modification that will have minimal environmental impact

Describe the modification and its expected impact  
(Refer to section 96(1A) of the EP&A Act)

Refer to attached report.

- ☐ Any other modification

Describe the modification and its expected impact  
(Refer to section 96(2) of the EP&A Act)

Will the modified development be substantially the same as the development that was originally approved?

No ☐ Please submit a new development application.

Yes ☒ Please provide evidence that the development will remain substantially the same.  
(If you need to attach additional pages, please list below the material attached).

Refer to attached report.

## 6. Number of jobs to be created

Please indicate the number of jobs this will create. This should be expressed as a proportion of full time jobs over a full year. (e.g. a person employed full-time for 6 months would equal 0.5 of a full-time equivalent job; six contractors working on and off over 2 weeks equate to 2 people working full-time for 2 weeks, which equals approximately 0.08 of an FTE job.)

Construction jobs (full-time equivalent)

200

Operation jobs (full-time equivalent)

100

## 7. Application fee

For development that involves a building or other work, the fee for your application is based on the estimated cost of the development.

Clause 258 of the Environmental Planning and Assessment Regulation 2000 and the table attached to that clause set out how to calculate the fee for an application for modification of a consent.

If your development needs to be advertised to the public you may also need to include an advertising fee. Clause 258 of the regulations includes details on these fees.

Note: Contact us if you need help to calculate the fee for your application.

Estimated cost of the development

\$95.3m

Total fees lodged

\$151,093.40

## 8. Political donation disclosure statement

Persons lodging a development application are required to declare reportable political donations (including donations of or more than \$1000) made in the previous two years. Disclosure statements are to be submitted with your application.

**Have you or any person with a financial interest in the application or any persons associated with the application made a political donation?**

No ☒

Yes ☐

**Have you attached a disclosure statement to this application?**

No ☒

Yes ☐

Note: for more details about political donation disclosure requirements, including a disclosure form, go to [www.planning.nsw.gov.au/donations](http://www.planning.nsw.gov.au/donations).

## 9. Signatures

The lessee(s) of the land this application relates to must sign the application.

As the lessee(s) of the above property, I/we consent to this application:

Signature

Refer to attached letters

Name

Date

Capacity in which you are signing

Signature

Name

Date

Capacity in which you are signing

## 10. Applicant's Signature

The applicant must sign the application.

Signature



Name

Matthew Owen

Date

17.8.16

## 11. Privacy policy

The information you provide in this application will enable us, and any relevant state agency, to assess your application under the *Environmental Planning and Assessment Act 1979* and other applicable state legislation. If the information is not provided, your application may not be accepted. If your application is for designated development or advertised development, it will be available for public inspection and copying during a submission period. Written notification of the application will also be provided to the neighbourhood. You have the right to access and have corrected information provided in your application. Please ensure that the information is accurate and advise us of any changes.

## 12. Contact details

### Alpine Resorts Team

Shop 5A, 19 Snowy River Avenue  
PO Box 36, JINDABYNE NSW 2627  
Telephone: 02 6456 1733  
Facsimile : 02 6456 1736  
Email: [alpineresorts@planning.nsw.gov.au](mailto:alpineresorts@planning.nsw.gov.au)

### Head Office

23-33 Bridge Street, SYDNEY 2000  
GPO Box 39, SYDNEY NSW 2001  
Telephone: 02 9228 6333 or 1300 305 695  
Facsimile: 02 9228 6555  
Email: [information@planning.nsw.gov.au](mailto:information@planning.nsw.gov.au)

Note: for contact details of other Sydney Metropolitan and Regional Offices, go to [www.planning.nsw.gov.au](http://www.planning.nsw.gov.au)



**St Vincent's Clinic**

A COMPANY OF THE ST VINCENT'S HEALTH AUSTRALIA GROUP

**St Vincent's Clinic**  
ABN 95 003 635 498

438 Victoria Street  
Darlinghurst NSW 2010

Telephone 02 8382 6222  
Facsimile 02 8382 6402  
[www.stvincentsclinic.com.au](http://www.stvincentsclinic.com.au)  
[clinic@svha.org.au](mailto:clinic@svha.org.au)

15 April 2016

Mr Anthony Witherdin  
Director, Modification Assessments  
Department of Planning and Environment  
GPO Box 39  
SYDNEY NSW 2000

Dear Sir,

**St Vincent's Private Hospital Redevelopment (SSD 6840)**  
**Land owner's consent for modification applications**

We refer to the proposed modifications to the approved State Significant Development Application for the above project ("the modifications").

As owners of Strata Plan SP40574 ("the St Vincent's Clinic Land") which forms part of the St Vincent's campus, we have been consulted by the Applicant regarding the proposed modifications to the approved development. We have been advised of potential impacts to the St Vincent's Clinic Land which may arise due to the proposed modifications.

We understand that the modifications relate to various minor internal and external alterations, works to the High Rise Building's Victoria Street entry, and associated landscaping works. We understand that the modifications are minor in nature, and that any impacts on the St Vincent's Clinic Land will be limited.

We hereby give consent to the works associated with the proposed modifications to the approved State Significant Development Application to the extent that those works impact on the St Vincent's Clinic Land.

Should you have any queries about this matter, please do not hesitate to contact the undersigned.

Yours faithfully,

Rob Beetson

Group General Manager Corporate Governance, St Vincent's Health Australia on behalf of Strata Plan SP40574

Michelle Wilson

Executive Director, St Vincent's Clinic on behalf of Strata Plan SP40574



**ST VINCENT'S  
HEALTH AUSTRALIA**

UNDER THE STEWARDSHIP OF MARY AUSTINHEAD MINISTERS



**ST VINCENT'S  
HOSPITAL**  
SYDNEY

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Trustees of St Vincent's Hospital  
C/o 8 Leichhardt Street  
Darlinghurst NSW 2010

T + 61 2 8382 2022  
F + 61 2 8382 3735  
M + 0404 001 948  
E + damon.elkins@svha.or.au

26 May 2016

Mr Anthony Witherdin  
Director, Modification Assessments  
Department of Planning and Environment  
GPO Box 39  
SYDNEY NSW 2000

Dear Sir,

**St Vincent's Private Hospital Redevelopment (SSD 6840)**  
**Land owner's consent for modification applications**

We, Veronica Clare Nolan, Helen Anne Clarke and Paul John Robertson are the Trustees of St Vincent's Hospital, and as such are the registered proprietors (the owner) of the above property.

We refer to the proposed modifications to the approved State Significant Development Application for the above project ("the modifications").

As the Trustees of St Vincent's Hospital Sydney ("TSVHS"), being the owners of Lot 2 in DP 804753 ("the TSVHS Land") forming part of the St Vincent's campus, we have been consulted by the Applicant regarding the proposed modifications to the approved development. We have been advised of potential impacts to the TSVHS Land which may arise due to the proposed modifications.

We understand that the modifications relate to various minor internal and external alterations, works to the High Rise Building's Victoria Street entry, and associated landscaping works. We understand that the modifications are minor in nature, and that any impacts on the TSVHS Land will be limited.

We hereby give consent to the works associated with the proposed modifications to the approved State Significant Development Application to the extent that those works impact on the TSVHS Land.





ST VINCENT'S  
HOSPITAL  
SYDNEY

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

We also hereby consent to Dale McMahon lodging an application for the modifications with the Department of Planning and Environment.

Should you have any queries about this matter, please do not hesitate to contact Dale McMahon, Project Director on 0407 430 707.

Yours faithfully,

Veronica Clare Nolan

Witness

Helen Anne Clarke

Witness

Paul John Robertson

Witness





**ST VINCENT'S  
HEALTH AUSTRALIA**

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

**St Vincent's Health Australia Ltd**  
ABN 75 073 503 536

Level 22, 100 William Street  
East Sydney NSW 2010

Telephone 02 9367 1100  
Facsimile 02 9367 1199  
[www.svha.org.au](http://www.svha.org.au)

26 July 2016

Mr Anthony Witherdin  
Director, Modification Assessments  
Department of Planning and Environment  
GPO Box 39  
SYDNEY NSW 2000

Dear Sir,

**St Vincent's Private Hospital Redevelopment (SSD 6840)**  
**Land owner's consent for modification applications**

We refer to the proposed modifications to the approved State Significant Development Application for the above project ("the modifications").

St Vincent's Healthcare Ltd is the owner of Lot 20 in DP 854670 ("the St Vincent's Private Hospital Sydney Land") forming part of the St Vincent's campus, and we have been consulted by the Applicant regarding the proposed modifications to the approved development. We have been advised of potential impacts to the St Vincent's Private Hospital Sydney Land which may arise due to the proposed modifications.

We understand that the modifications relate to various minor internal and external alterations, works to the High Rise Building's Victoria Street entry, and associated landscaping works. We understand that the modifications are minor in nature, and that any impacts on the St Vincent's Private Hospital Sydney Land will be limited.

We hereby give consent to the works associated with the proposed modifications to the approved State Significant Development Application to the extent that those works impact on the St Vincent's Private Hospital Sydney Land.

Should you have any queries about this matter, please do not hesitate to contact the undersigned.

Yours faithfully,

Rob Beetson

Group General Manager Corporate Governance, St Vincent's Health Australia  
on behalf of St Vincent's Healthcare Ltd, owner of the St Vincent's Private Hospital  
Sydney Land