

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

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### INTRODUCTION

I write regarding this development as one of the owners 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.*

I am concerned that this is a second *Development 'Concept'* lacking full and rigorously co-ordinated information of what would be built. The documents give the sense of a lack of commitment to the amenity of the neighbourhood.

I have serious general objections regarding the proposed development and its impact on this surrounding neighbourhood, as well as specific serious objections based on the particular impacts the proposal would have on our property. The scale of the development, the heights of the buildings and the significant reduction in the green buffer of mature trees and understory on the western boundary would totally change the character of the hospital, which is a low intensity and a relaxed environment, and would severely impact on adjoining properties.

**Therefore, I object to this proposal. I believe that:**

- **The site should not include high rise apartments for seniors - it is an inappropriate site.**
- **The scale of the proposed development is incompatible with the surrounding properties and bushland - the design of the hospital should be amended in order to be compatible with the R2 Low Density Residential neighbourhood and the adjoining harbourside bushland.**

### CONCERNS ABOUT THE OVERALL RATIONALE

I would like to make the following general observations on the Hospital's asserted need to build residential apartment units to provide for part of Hammond's 'continuum of care' model. The rationale is not convincing:

1. The *Campus Vision* offers a lot of facts on healthcare for the aging but evinces no evidence of how specific needs would actually be better met by on-site apartments rather than supporting people to remain in their own homes and apartments in the community.
2. Ethos Urban, on page 11 of their *Response to Public Individual Submissions*, state *the seniors living accommodation proposed for Greenwich Hospital will all be offered on a licensed basis*. Stewart James, General Manager of Health and Hospitals for Hammondcare, said on the

information might be that the apartments will be paying for the Hospital upgrade. In a low interest rate environment there should be other options.

3. The same paragraph of this report states optimistically that *the proposed seniors living is expected to attract older residents (75+ years of age) with chronic health care needs*. **This hopeful statement shows there is no mechanism which guarantees these apartments would be occupied by people requiring the Hospital's services**, even 20-30 years later, if ever.
4. Best practice accommodation for older people living with chronic health needs and/ or dementia is one storey, in a low intensity environment, and purpose built rather than the over 55s style accommodation posited here.
5. There is no evidence of demand for seniors living units on a hospital site – there are already many local options for over 55s as Lane Cove Council has indicated and this is an inappropriate location e.g. 33 Greenwich Road will be a 92 bed residential aged care facility with flat, footpath access to local shops and community services while the Hammondcare proposal does not
6. *The Greenwich Health Campus Vision* states that currently the hospital provides extensive in-home services. This is the service type that the Federal government is expanding. This is the service type that older people in the Lane Cove LGA prefer. There should be no need for the majority of older people to move from their current home in order to access aged care services.
7. I also note that the proposal lacks clarity about who would manage the licensed accommodation units.

Therefore, the stated rationale for these residential apartments has not convinced us at all.

## 1. GENERAL OBJECTIONS

I acknowledge the need for the specialised aged health care that Greenwich Hospital provides. Our general objections are based on the implications of the size and scale of the overall development, and the inappropriateness of the residential aspect of the development.

### 1.1. Greenwich Hospital's zoning is *Infrastructure SP2*

Non health related residential apartments are not permitted in the Special Purpose Zone.

The proposed apartments will be offered on the open seniors' residential market and cannot guarantee that buyers will require the Hospital's services. I think that the separate, residential accommodation venture is not directly health related and absolutely is not compatible with this zoning. The building of this accommodation would restrict any future expansion of health services on the site. This is therefore not the object of the EP&A Act for an '*orderly and economic use and development of land*'. This restriction means that this development proposal is at odds with Hammondcare's submitted assertion that in future greater services will be needed and catered to by this site. In this way it is therefore contrary to the purpose of the zoning.

Indeed, I am very concerned that permitting the apartments to proceed would not only subvert the zoned use for the site but also provide a building envelope and usage precedent which could allow scope for many changes which may come out in the later 'detailed plans'. For example, would this freedom allow them to excavate deeper, dropping the basement car park levels down in order to provide extra floors of accommodation above, all within the same approved envelope? The GFA for the residential aspect of the development gives potential to add another 40 or so apartments.

I also note that the proposal lacks clarity about who would manage the accommodation units. Who would be responsible for the ongoing management of the residential aspects of the site?

### 1.2 This neighbourhood has R2 zoning, and the Hospital adjoins the Gore Creek Reserve being an area of E2 zoned land - that sets the context for the built environment here.

I agree with the DPIE RTS statement about the first Hospital submission,

*the bulk and scale of the proposed seniors living apartments and on the western side of the site and the proposed hospital to be inconsistent with the generally low density residential character of the area. Further, the height of the proposed buildings would result in a significant visual impact from across the valley to the west.*

This statement still applies to this latest 'Concept' submission.

What we are looking at here is a substantial high rise residential development 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.

I object to the loss of mature trees and understory on the western boundary that has acted as a visual and noise buffer for our property. Currently our shared boundary with Greenwich Hospital is

mature trees and dense understory, growing on a graded, riparian bushland bank. 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. The surrounding bushland of Gore Creek Reserve, which adjoins both ours and Greenwich Hospital's southern boundaries, is protected by the R2 zoning.

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.

### **1.3 The various 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**

We agree with the DPIE RTS statement about the previous 'Hospital Concept' submission,

*The proposed seniors living apartments are considered inconsistent with the desirable elements of the location's current character and would not contribute to the quality and identify of the area.... The proposal does not adopt building heights compatible in scale with adjacent development*

I believe that despite small modifications to the roof line and setbacks this statement still applies to this latest 'Concept' submission.

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. The Bickerton Masters *Design Guidelines in Response to Submissions* page 3 states that the *proposed built form will provide a transition in height at the western interface of the site to limit the impact of the Serviced Seniors Living Buildings on the neighbouring properties.*

**This is an assertion completely undercut by the fact that the southern residential tower, adjacent to our house, is a vertical height of eight stories above ground level. In addition to this height, the base of this 8 level tower sits a further 8.5 metres above our rear yard and is only 21 metres from the wall of our house.**

**The roof of the proposed hospital would be 50 metres above our pool area. No matter what is done to dress up the façade, the residential units would tower 39 metres above our rear yard and pool area; this would be more than 6 times the height of our house.**

*Attachment 1:*

*NOTE:* Roger had early career experience in architectural drafting and has drawn up the apartment towers in CAD as accurately as possible from the Hospital's submitted plans, elevations and survey levels. Captures of the resulting CAD files are attached and show the relativity of bulk, scale and

height between the residential towers and the neighbouring dwellings on the Hospital's western boundary.

The preparation of these drawings has also highlighted the extraordinary overlooking of our house, rooms, yardspace and pool which would occur due to the height difference and the removal of green screening occasioned by the proposed bushfire APZ.

### **1.3.2 Location and Context**

The siting of the new proposed Greenwich Hospital is 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 medium 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 E2 zoned bushland, about 50-60m 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**

'Appropriately proportioned' is claimed for the development in EIS Table 6 (g). Appropriate proportion is a quantitative and equitable relationship between two entities. The scale and bulk of the residential apartments is *not* 'appropriately proportioned' relative to either the surrounding built environment or the natural environments of this neighbourhood.

I note the poor quality of documentation provided in the Hospital submission to the Department, the GANSW and residents to accurately determine the impact of the scale, bulk and materiality of the proposed buildings adjacent to our properties.

An example of the paucity of detail in the submission is that, despite the GANSW RTS, there are no legible architectural elevations or thorough dimensions given on the western aspect of the development. However, it is obvious from the drawings that there is a massive phalanx of apartments proposed at the western boundary of the site adjoining our property. I note here that Greenwich Hospital's community consultation evening in 2019 exhibited many architectural concept plans. These have not been included as part of the previous 'Concept Proposal' nor the current 'Concept Proposal'. The style of the rendered architectural drawings that have been submitted indicates there is a digital, 3D model/ rendering of the proposal which could be made available (as per the GANSW request). From a 3D model any views may be displayed to give a clearer understanding of the proposed built form - this model should have been made available.

### **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. The trees on the western side of the property are an important factor in this.

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'.**

I challenge the rationale for the project and its contribution to 'the common good', as outlined on page 1 and 2. Therefore, would this development degrade the amenity of this neighbourhood while enriching a church run organisation which holds tax-free status, and a third party developer?

The height, location, scale, bulk and form of this proposed development are alien to its environment and would *negatively* impact on the public amenity to a significant degree. That is not to mention the negative impacts of increasing traffic flows - of 100% by the Hospital's 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 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*.

### **1.3.6 Loss of trees**

The latest arborist's report, (*Amendments Appendix F*) page 4 states that there are 86 trees recommended for removal. However, Ethos Urban's 18 September 2019 *Response to Submissions Report for SSD 8699*, page 5 states,

*48 additional trees will be retained and protected, in addition to at least 60 new trees that will be planted, resulting in a net increase of at least 5 trees at ground level*

It is not just the numbers of trees we are concerned about although that is the only metric the developer wishes to note. Dr Greg Moore from Burnley College, School of Ecosystem and Forest Sciences, University of Melbourne, accounts for the value of mature trees thus,

- *Soil retention by root systems.* This is critical in areas of the Hospital site e.g. the western and south-western boundaries, in order to prevent structural failure of retained areas and siltation of the waterway below the Hospital that flows into Gore Creek.
- *Shading of buildings and ground areas* to help cool the site and prolong the life of roofing, cladding, painted and paved surfaces.
- *Reduction of wind speed*, reducing stress on buildings and allowing us to better enjoy being outdoors. It is noted in the Submitted documents that the site trees currently slow the southerly breezes which blow through the site.
- *Filter air pollution.*

- *Capture carbon.* A mature native tree can weigh about 100 tonnes with 10% of that mass being captured carbon. When that tree is removed that carbon will eventually end up back in the atmosphere.

Dr Moore's proposition is that retaining mature trees affords much better value than replacing them with young trees. The proposed removal of thousands of tree years from this site in order to house around 100 residents is a gross and wanton act against the environment. The residential aspects of the Hospital's proposal are driving the main reason for loss of mature trees on the site.

## 2. SPECIFIC OBJECTIONS, AS AN ADJACENT PROPERTY

There is again a lack of information supplied in this second Hospital 'Concept' Submission.

**Despite sharing a boundary with the Hospital, the size, location and shape of our house in almost all of the Appendix plans are incorrect, or the house is missing altogether. This demonstrates that the impact on our property has had little or no consideration in this submission.**

### 2.1 Built Form

The following excerpt is from the GANSW RTS,

*The EIS fails to provide adequate information to fully understand the proposed building forms and materiality. Detailed Elevations were not included as part of the EIS. The plans indicate the Hospital and two SLA's will be large building forms. It was not possible to fully attain from the small provided renders the final materiality or form of these buildings. However, from the little information provided, we advise the materiality of the SLA needs articulation and further development. Better connection to the outdoor spaces and reduction of great expanses of wall penetrations is required. Further development of the design quality and built form, with specific consideration of façade, rooftop, massing, setbacks, building articulation, materials and colours, with particular attention to the aged care residences. We recommend elevations, sections and 3D models of all building types be included in the following submission. Attention to the design quality and built form with specific consideration of façade, rooftop, massing, setbacks, building articulation, materials and colours, with attention to the aged care residences needs to be achieved.*

In our opinion this subsequent Hospital submission has substantially, if not assiduously, failed to provide the GANSW requested information. As owners of a property on the western boundary of the Hospital we note that despite this GANSW request there is no legible drawing provided for evaluation of the elevation of the western façade of the residential towers. The Bickerton Masters drawing S.03 P5 shows this elevation wherein the details of the façade are heavily obscured. There is virtually no information for us to also view and comment upon *the final materiality or form of these buildings*.

The documents lack vital details which would inform our own comments more fully and evidence areas of poor co-ordination of information between the amendment appendices. It seems to us to be manifestly unfair to ask for our submissions based on a poorly documented 'concept' rather than 'detailed plans' – these are 'promised' in future throughout this Hospital submission – these gaps of information are often in the areas that would have the biggest impact on our property! **There is also no evidence of Hammondcare having any intent for residents and adjoining property owners to respond to the 'final detailed plans'.**

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.*

I strongly dispute this claim.

The residential towers are proposed to be built on Greenwich Hospital's western aspect, immediately adjacent to our adjoining property. The proposed units 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 would then be so close to our property, are unreasonable.

Bickerton Masters' 'Design Guidelines in Response to Submissions' page 4, shows a 3D CAD capture of the south-western corner of the southern residential tower. Despite this CAD model obviously existing, a capture of the western façades of the residential towers has not been supplied for us to view and comment.

**The attached images show our architecturally scaled CAD views of our house in relation to the proposed residential towers.** Clearly shown here is the loss of amenity due to the inappropriate scale, height and bulk of the towers and the complete loss of privacy due to the height of the towers, the loss of green screening occasioned by the APZ and the topography.

The architectural design for the residential accommodation has again been submitted as a 'concept', lacking important details, 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 section elevations and plans manifestly display that we would completely lose privacy and amenity as an adjoining property - see our attached drawings and images.

## **2.2 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 8.5 metres below Greenwich Hospital's current 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 escarpment between Greenwich Hospital and our home was densely wooded, with sandstone caves facing our house. Privacy from Greenwich Hospital was afforded by the vegetation on top of the escarpment and by trees at the base of the escarpment.

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 evolving green buffer has effectively screened Greenwich Hospital from us, and us from Greenwich Hospital since that time.

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 of the Hospital.

If the proposal was to proceed this boundary would change from a bushland buffer zone to a relatively bare embankment dominated, only 21m away, 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.

The *Taylor Brammer Landscape Architects Concept Landscape Proposal* shows the planting of one or two canopy trees between us and the Hospital. This would in no way render the same screening afforded by the riparian bushland. The trees required to offer the same extent of screening would need to be at least 13 metres in height and there would need to also be a significant understory.

**The letter from *Building Code & Bushfire Hazard Solutions* gives assurances for retention of the south west corner bushland regarding the bushfire Inner Protection Area. However, there is no indication on the *Taylor Brammer* plan as to whether its retention specifically retains our screening. It also gives no indication as to whether the landscape plan considers the bushfire 60m APZ necessitated by the proposed residential towers which could result in the removal of all green screening cover between the Hospital and our home.**

Consideration needs to be given to retain and improve our green buffer and for extensive tree planting to retain this embankment. Currently soil creep is occurring in this embankment as noted by Jeffery and Katauskas' engineering report.

The existing green buffer vegetation should be retained/ improved. Extensive, additional, mature tree and understory planting, to be established as one of the very first works on site, would assist the stabilization of the earthen bank and provide a head-start on the needed screening.

### **2.3 No plan to mitigate the current low level flooding and erosion of our property caused by the Hospital**

Originally there was a natural watercourse at the bottom of that escarpment between the Hospital buildings and our boundary. The natural waterway was piped to allow the Hospital carpark to be extended by bulldozing fill towards the boundary. This created the current, artificial 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.

This 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, which is then flowing into the creek in Gore Creek Reserve.

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.

This issue has been totally misunderstood or ignored by Ethos Urban in their Response to Public Individual Submissions. Instead of addressing the issue of stormwater runoff from the site, Ethos Urban answer our submission by citing a report by WGE which addresses water management ON the site,

*An Overland Flow Assessment has been prepared by WGE and is attached to the RTS at Appendix Q, confirming that the proposed development does not obstruct any overland flow paths and will have no impact on overland and stormwater flow, and no further mitigation measures are considered to be required.*

The report response has nothing to do with the issue raised in our submission. What is happening with stormwater on the Hospital property is not our concern. However, the Hospital allowing uncontrolled overland and subsoil drainage to damage our property and Gore Creek does concern us and it is right for us to ask that the Hospital's plan includes permanent mitigation of this situation.

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 and Gore Creek.

## **2.4 Loss of Privacy by Extensive Overlooking**

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 39 metres above our property, make them far wider 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, the access road and the proposed pathway. (See our attached CAD drawings of the relationship of our house to the proposed towers.)

Further, it seems there may be walking paths and resting places mooted for the embankment rather than bushland!

### **Loss of property value**

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 our peaceful enjoyment of quality of life afforded by the quiet bushland environment.

Ethos Urban, on page 10 of their *Response to Public Individual Submissions* responds to the noted issue of 'Negative impact on the value of surrounding property' with the single sentence,

*'Property values are not a relevant planning consideration for this application.'*

That appears to us to be a glib response as property values are *exactly* why the Hospital is proposing to build the residential towers here in Greenwich where real estate values are high and will ensure high apartment values.

I understand that the local *Waterbrook Greenwich* independent living units are offered under the same licensing agreement proposed here and are currently changing hands for around \$2,000,000. During the information evening it was said to Roger by Stewart James, the General Manager of Health and Hospitals for Hammondcare, that the residential units are paying for the extension of the Hospital.

**This proposed development is parasitic as it simultaneously derives its value from the amenity of the neighbourhood R2 zoning while the totally inappropriate built form strips value from the neighbouring properties.**

As an example, Bickerton Masters' *Design Guidelines in Response to Submissions* on page 7 notes the development's provision of 'high amenity views' but the built forms proposed significantly detract from or obliterate these views for the neighbouring properties in the area. This is only one aspect of the development which would negatively impact the value of our neighbouring home.

### **2.5 Environmental Change: removal of bushland fauna cover**

The loss of the mature trees and understory 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, frogs, insects and other small creatures. The vegetation provides food, nesting sites and protection for Superb Blue Wrens, Tawny Frogmouths, Powerful Owls, parrots, lorikeets, Whip Birds, scrub

turkeys, Flying Foxes etc. We have enjoyed seeing on occasion a pair of sea eagles 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 appears to provide for one or perhaps two (immature) trees to be planted between our house and the hospital.

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

## **2.6 Noise and Light Pollution**

The current hospital generated noise and light pollution is mitigated somewhat by the vegetation between Greenwich Hospital and our property but the removal of mature trees under 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 concrete carpark entry facing our boundary would act as an amplifier of reverberated sound as cars access the carpark. An alternative route should be made available for vehicles to enter and exit the site.

The added noise from 90 apartments means that the enjoyment of 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 need to be additional lighting on the access road and when cars leave the car park 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.

### 3. CONCLUSION

I thank you for the opportunity to present this submission.

I regard the scale of proposed development, and the 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 - these were benevolent
- The previous reputation of Hammondville as a leading aged care and health provider – now they are seen locally as a property developer
- The history of Pallister House – and thus the need for a more respectful approach by any organisation on this site
- The lack of communication and consultation with us as adjoining property owners
- The huge impact it would have on the bushland valley
- Such loss of quiet enjoyment of our home, loss of amenity and 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. I do not believe that church-run health organisations should be allowed to act as property developers by stealth.

Yours sincerely,

Roger Apte

117A River Road

Greenwich 2065

ATTACHMENTS:

CAD drawings

Photos