

COUNCIL MEETING - 26 APRIL 2006

**PROPOSED HOSPITAL AND MEDICAL CENTRE (INCLUDING PHARMACY) AND CAFE/RESTAURANT AT LOT 450 (8) DAVIDSON TERRACE, JOONDALUP - [40318]**

**WARD:** North

**RESPONSIBLE DIRECTOR:** Mr Clayton Higham  
Planning and Community Development

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**PURPOSE**

To request Council's determination of an application for Planning Approval for a hospital, medical centre and café/restaurant and associated two storey car parking deck.

**EXECUTIVE SUMMARY**

An application has been received for the development of a private hospital facility within the Central Business District precinct of the Joondalup City Centre.

The property is subject to the Joondalup City Centre Development Plan and Manual (JCCDPM). While some of the land uses are not preferred for this site, the JCCDPM does support the mixing of land use. It is notable that the proposed uses are consistent with those of the Joondalup Health campus which is opposite the development site.

The subject site is located on the south-west corner of the intersection of Davidson Terrace and Shenton Avenue. The proposal comprises a three level hospital building with an adjacent two level decked parking area. The hospital includes the provision of 60 beds and consulting rooms for psychiatric care and other general medical practice rooms and a pharmacy. A café-restaurant is also proposed, with alfresco dining on Davidson Terrace.

The development also includes a two storey car park on the southern portion (along the Davidson Terrace frontage) of the site to service the various uses within the proposed facility. The car park is designed for future conversion of the frontage to commercial tenancies, should the demand arise at some stage in the future. The carpark provides for 254 parking bays, which is below the JCCDPM requirement. It is proposed that cash-in-lieu should be provided for the shortfall. The City centre is designed to provide for a balance of parking on public and private land, and the proposal is consistent with that objective.

Discretion is also required for the approval of the building being setback rather than being built on the site boundaries, although the design merit of the proposal and the future potential for development do support a conclusion that these are reasonable for this proposal.

The proposal was advertised for public comment for a period of three weeks. At the close of advertising, 11 submissions had been received, comprising 5 objections and 6 non-objections. Discretion is sought under the City's District Planning Scheme No 2 (DPS2) in regard to parking provision on site, as well as proposed variations to the development's setbacks to Davidson Terrace and Shenton Avenue.

Given that the development will contribute to the desired built form and scale of the City Centre area, and is in a location that is complementary to existing medical facilities, the proposed development is supported.

## BACKGROUND

<b>Suburb/Location:</b>	Lot 450 (8) Davidson Terrace, Joondalup
<b>Applicant:</b>	The Planning Group
<b>Owner:</b>	Primewest Pty Ltd
<b>Zoning:DPS:</b>	Centre
<b>MRS:</b>	Central City Area
<b>Site Area:</b>	1.2376 hectares
<b>Structure Plan:</b>	Joondalup City Centre Development Control Manual

Lot 450 (8) Davidson Terrace, Joondalup is currently partly developed with an existing three storey office building (“Joondalup House”) having been approved and built on the western portion of the lot in the late 1980s.

## DETAILS

The subject site is located on the south-western corner at the intersection of Shenton Avenue and Davidson Terrace, within the Joondalup Central Business District. The proposed development includes the following features:

- A three level main hospital building with provision for 60 private psychiatric care beds;
- A two level decked car parking area;
- Consulting rooms, dining areas and treatment areas for private psychiatric care;
- Provision for 6 General Practitioners on the ground floor of the building;
- Provision for three specialist medical consulting rooms, a pharmacy and alfresco café/restaurant facing onto Davidson Terrace

The following variations to the applicable standards of the JCCDPM are sought:

- a) Provision of 254 car parking bays in lieu of 307 bays;
- b) Setbacks of 2.8 metres to 8 metres to Shenton Avenue in lieu of nil setback; and
- c) Setbacks of 3.5 metres to 6 metres to Davidson Terrace in lieu of a nil setback.

### Issues and options considered:

Council has the discretion to:

- Approve the application;
- Approve the application subject to conditions;
- Refuse the application.

### Link to Strategic Plan:

It is likely that this proposed development will contribute to meeting the demand for health care and associated services for the increasing population of the City Centre area and the region.

It is considered that the proposal is in line with many objectives of the City’s Strategic Plan and City Development.

## Legislation – Statutory Provisions:

The site is zoned Centre under the DPS2. The provisions of DPS2 and the JCCDPM control development within this area. The proposal involves two variations to the provisions of the JCCDPM, relating to car parking and setbacks. Provisions of DPS2 enable Council to consider such variations.

Clause 4.5.1 of DPS2 allows the City to consider variations to development standards and provisions as follows:

### 4.5 Variations to Site and Development Standards and Requirements

4.5.1 *Except for development in respect of which the Residential Planning Codes apply and the requirements set out in Clauses 3.7.3 and 3.11.5, if a development is the subject of an application for planning approval and does not comply with a standard or requirement prescribed under the Scheme, the Council may, notwithstanding that non-compliance, approve the application unconditionally or subject to such conditions as the Council thinks fit.*

4.5.2 *In considering an application for planning approval under this clause, where, in the opinion of Council, the variation is likely to affect any owners or occupiers in the general locality or adjoining the site which is subject of consideration for the variation, the Council shall:*

- (a) *consult the affected parties by following one or more of the provisions for advertising uses pursuant to clause 6.7.1 and*
- (b) *have regard to any expressed views prior to making its decision to grant the variation.*

4.5.3 *The power conferred by this clause may only be exercised if the Council is satisfied that:*

- (a) *approval of the proposed development would be appropriate having regard to the criteria set out in Clause 6.8; and*
- (b) *the non-compliance will not have any adverse effect upon the occupiers or users of the development or the inhabitants of the locality or upon the likely future development of the locality.*

Clause 4.8 of DPS2 allows the City to consider appropriate car parking standards for all types of development within the City as follows:

### 4.8 Car Parking Standards

4.8.1 *The design of off-street parking areas including parking for disabled shall be in accordance with Australian Standards AS 2890.1 or AS 2890.2 as amended from time to time. Car parking areas shall be constructed and maintained to the satisfaction of the Council.*

4.8.2 *The number of on-site car parking bays to be provided for specified development shall be in accordance with Table 2. Where development is not specified in Table 2 the Council shall determine the parking standard. The Council may also*

*determine that a general car parking standard shall apply irrespective of the development proposed in cases where it considers this to be appropriate.*

Council may permit the payment of cash-in-lieu of car parking in accordance with Clause 4.11 of DPS2.

The relevant Clause of DPS2 is as follows:

#### *4.11 Car Parking – Cash-in-Lieu or Staging*

*4.11.1 The Council may permit car parking to be provided in stages subject to the developer setting aside for future development for parking the total required area of land and entering into an agreement to satisfactorily complete all the remaining stages when requested to do so by the Council.*

*4.11.2 Council may accept a cash payment in lieu of the provision of any required land for parking subject to being satisfied that there is adequate provision for car parking or a reasonable expectation in the immediate future that there will be adequate provision for public car parking in the proximity of the proposed development.*

*4.11.3 The cash payment shall be calculated having regard to the estimated cost of construction of the parking area or areas suitable for the proposed development and includes the value, as estimated by the Council, of that area of land which would have had to be provided to meet the car parking requirements specified by the Scheme. The cash payment may be discounted and may be payable in such manner as the Council shall from time to time determine.*

*4.11.4 Any cash payment received by the Council pursuant to this clause shall be paid into appropriate funds to be used to provide public car parks in the locality as deemed appropriate by Council*

Council resolved to adopt the Joondalup City Centre Public Parking Strategy on 12 February 2002, which has several underlying principles. An extract from that document is reproduced below:

- *provide up to fifty percent (50%) of parking in the Joondalup CBD strategy area in the long term as public parking under the control of the City of Joondalup;*
- *ensure that the provision of public parking is efficient and cost effective to the City.*
- *minimise financial risk to the City arising from the provision and management of parking in the Joondalup CBD.*
- *use monies received from cash-in-lieu of providing parking in the CBD only for the purchase of land for or the development of parking facilities for the Joondalup CBD.*

*Where a developer decides to provide a lesser number of parking bays than is required in a development, the option is available under District Planning Scheme No 2 for a cash payment to be made for each parking bay that is not provided. Any cash-in-lieu payment must be quarantined for parking purposes. **This provision should not be relaxed or varied for City Centre development because the funds are essential for the construction of future multi level parking facilities in the CBD.***

At the same Council meeting, it was resolved that the cash payment in lieu of the provision of on-site parking within the City Centre would be \$8,100 per parking bay. A reviewed cash-in-

lieu policy was considered by Council at its meeting of 4 April 2006, where it was resolved that a revised cash-in-lieu payment of \$25,440 per bay should apply in the Joondalup City Centre. The increased rate is reflective of the increasing land values and construction costs within the City Centre. At this meeting, it was further resolved, however, that the revised figure would not apply to development applications received prior to 17 April 2006. As the subject application was lodged in December 2005, the previous figure of \$8,100 per bay applies to this development.

### Development Standards Table

Standard	Allowable	Provided
Front Setback	0 metres	3.5 metres – 6 metres (Davidson Terrace)
Rear Setback	No requirement	N/A
Side Setback	0m	2.8 metres – 8 metres (Shenton Avenue)
Plot Ratio	1.0 (1.2736 hectares)	0.91 (1.1407 hectares)
Height	13.5 metres	12.5 metres
Car Parking	307	254

### Risk Management considerations:

Not Applicable.

### Financial/Budget Implications:

A shortfall in car parking is proposed. Based on the applicable rate of \$8,100 per bay (when the proposal was lodged), the shortfall amounts to a cash-in-lieu requirement of \$429,300, if based on a shortfall of 53 car bays. The applicant suggests a reduced requirements should apply (as discussed below) and if that scenario was approved, then the cash-in-lieu requirement would reduce to \$348,300.

### Policy implications:

Not Applicable.

### Regional Significance:

Not Applicable.

### Sustainability implications:

Not Applicable.

### Consultation:

While the JCCDPM designates Medical Suites and Leisure and Entertainment as preferred uses in the Central Business District, "Hospital" is not identified as a preferred use and is required to be assessed on its merits. Given this, and due to the nature of the proposal, a twenty one day public advertising period was undertaken.

Advertising was undertaken from 16 February to 9 March 2006. All land owners within the area bounded by Shenton Avenue, Grand Boulevard, Boas Avenue and Lakeside Drive were

notified in writing of the proposal, two signs were erected on the site and a notice was placed in the Joondalup Community newspaper for three consecutive weeks, commencing on 16 February. All documentation associated with the proposal, including plans, reports and a traffic impact statement, were made available for public viewing on the City's website. At the conclusion of public advertising, a total of 11 submissions had been received, comprising 5 objections and 6 non-objections.

#### Key issues arising from Public Advertising

The following matters were raised through objections submitted during the public advertising period:

- 1 Security and safety concerns over the type of psychiatric services offered at the proposed hospital;
- 2 Negative impact on property values within close proximity of the development site;
- 3 The potential for overflow parking into nearby residential areas.

These matters will be further discussed in the Comment section of this report.

#### **COMMENT**

The proposal complies with all DPS2 and JCCDPM requirements, with the exception of the proposed setbacks to Davidson Terrace and Shenton Avenue and car parking standards applicable to the site. It is considered that the development will integrate well with the character of the City Centre and will provide a health service to residents in the northern corridor.

#### **Urban Design**

The proposed built form of the development generally complies with the urban design requirements of the JCCDPM. The building includes well articulated facades, with active uses to the Davidson Terrace frontage of the subject site. The car parking area on the southern frontage of the site, facing onto Reid Promenade, has been designed to enable future conversion of this portion of the site for commercial purposes, which could create active frontages to Reid Promenade in the future. The area identified for future commercial/retail tenancies has a 70.5 metres wide frontage to Reid Promenade and a depth of 12 metres. This would provide sufficient flexibility to accommodate a wide range of uses. In the interim, the south-facing façade of the car parking area should be suitably articulated to achieve the design outcomes desired for this area.

Should the applicant seek to develop this section of the car parking area in the future for commercial uses, the proposal will be required to be assessed on its merits based on the relevant standards that are applicable at that time.

While the setbacks to the main frontages do not necessarily comply with the provisions of the JCCDPM, it is considered that the size and scale of the development will ensure that the built form will maintain a strong presence on Shenton Avenue and Davidson Terrace, particularly at the intersection of these two streets. The development should allow for natural surveillance to be provided over both streets and the adjacent car parking area. This is considered particularly important given that it is proposed to be a 24-hour hospital use.

The subject site has frontages of approximately 120 metres to both the northern and eastern boundaries. The site slopes from south to north and from a height of 57 metres AHD in the

south-eastern corner to 48 metres AHD in the north-eastern corner of the site. The size and topography of the site makes it difficult to achieve a true “main street” development, in terms of having minimal setbacks to the street frontage, as well as an active interface between the built form and the street. The proposed finished floor levels of the development will be 50.5 AHD for the hospital component, and 49.25 AHD for the medical centre tenancies. This will result in a level difference of up to 1.25 metres between the built form and the footpath on the Shenton Avenue and frontage and a difference of 800mm on Davidson Terrace.

The setbacks of the building to Shenton Avenue (2.8 metres – 8 metres) are sympathetic with the existing Joondalup House development to the west and will assist in preserving existing vegetation for pedestrian shelter and shade. These setbacks will also ensure that the 3-storey building is sympathetic to the pedestrian domain.

The Davidson Terrace frontage will include stairs into the development, which respects the existing topography of the development and will draw attention to the land uses on the ground floor of the development. A disabled ramp has been included to link the building to Davidson Terrace, resulting in the development being further setback from Davidson Terrace.

The development plans include a variety of materials and colours, contributing to make the proposed development a landmark feature at a highly prominent entrance to the CBD.

## Land Use

The JCCDPM states that:

*“there is considerable flexibility in the possible distribution of land uses throughout the City Centre. The mixing of land uses is encouraged and development proposals will be treated on their merits.”*

While “Hospital” is not identified as a preferred use in the CBD, the proposed use is supported, given the nature of the facility, its strong contribution to the urban form of the CBD and its location in close proximity to existing hospital/medical facilities at the Joondalup Health Campus.

The proposal also provides for a medical centre, shop (pharmacy) and restaurant uses. It is considered that these uses are complementary with the General City Uses of “Medical Suites” and “Leisure and Entertainment”. As such, the proposed land uses are considered appropriate and are supported.

## Plot Ratio

For General City Uses, the JCCDPM requires that the development have a maximum plot ratio of 1.0 or 12,376m<sup>2</sup> of floor space. The areas used for the purpose of calculating plot ratio are defined in the JCCDPM. For this application, plot ratio calculations must include the existing Joondalup House building on the western end of the subject site, as both developments are located on the same landholding.

The overall plot ratio for the development is 0.91, or 11,407m<sup>2</sup>, comprising:

- 4000m<sup>2</sup> for the existing Joondalup House building;
- 4517m<sup>2</sup> for the proposed hospital;
- 2890m<sup>2</sup> for the decked car parking area (including ramp).

The plot ratio therefore complies with the requirements of the JCCDPM and is supported.

### Car Parking

The car parking requirement for the proposed development is shown in the table below, with the relevant car parking standard set out in the JCCDPM and DPS2:

Standard	Required	Provided
Hospital	1 per staff member (34 staff = 34 bays) 1 per 3 patients accommodated (60 beds = 20 bays)	<i>Car parking for all land uses has been combined into one main parking area, with a total parking provision applicable.</i>
Medical Centre	5 per practitioner (7 practitioner = 35 bays)	
Consulting Rooms	5 per consulting room (3 rooms = 15 bays)	
Shop (Pharmacy)	7 per 100m <sup>2</sup> NLA (112m <sup>2</sup> = 8 bays)	
Restaurant	1 per 5m <sup>2</sup> dining area (126m <sup>2</sup> dining area = 25 bays)	
Existing Office ("Joondalup House")	1 per 30m <sup>2</sup> NLA (5100m <sup>2</sup> NLA = 170 bays)	
<b>Total Bays</b>	<b>307 bays</b>	<b>254 bays</b>

The proponent has prepared a Traffic Impact Statement and Car Parking Report, seeking Council's support to reduce the number of bays required to facilitate the development. The Traffic Impact Statement and Car Parking Report states that parking demand for the facility will be satisfied through the provision of 250 bays, due to the likelihood of dual-purpose trips to a number of different land uses at the development.

It is also stated that, given the nature of the facility, the application of the car parking standards for "Hospital" use is not appropriate in this instance. The proponent argues that the car parking ratio for "hospital" specified under DPS2 is for a public or private hospital where people are admitted for personal care and treatment and where significant numbers of visitors are expected. Information provided from the applicant indicates that the proposed Sentiens hospital can be considered distinctly different in its operation. Sentiens have further advised that:

*"the intent of a psychiatric hospital is to remove people from their everyday environment and influences, with visitors strongly discouraged. Mental health care generally has a stigma attached to it, and in many cases patients generally do not wish to receive visitors, which in turn generates less car parking demand for such facilities."*

The proposed development will include a porte-cochere facility whereby patients can be dropped off and collected from the facility, minimising the need for cars to be parked long-term in the (unsecured) car park.

Having regard to the findings of the Traffic Impact Statement and Car Parking Report, it is recommended that Council exercises discretion under Clauses 4.8.2 and 6.1.3(b) of District Planning Scheme No 2 and applies a rate of 1 per staff member and 1 per 6 patients accommodated for the proposed hospital.



The following table summarises the revised car parking provision for the facility based on the modified car parking ratio discussed in the previous paragraph:

<b>Standard</b>	<b>Required</b>	<b>Provided</b>
Hospital	1 per staff member (34 staff = 34 bays) 1 per 6 patients accommodated (60 beds = 10 bays)	<i>Car parking for all land uses has been combined into one main parking area, with a total parking provision applicable.</i>
Medical Centre	5 per practitioner (7 practitioner = 35 bays)	
Consulting Rooms	5 per consulting room (3 rooms = 15 bays)	
Shop (Pharmacy)	7 per 100m <sup>2</sup> NLA (112m <sup>2</sup> = 8 bays)	
Restaurant	1 per 5m <sup>2</sup> dining area (126m <sup>2</sup> dining area = 25 bays)	
Existing Office ("Joondalup House")	1 per 30m <sup>2</sup> NLA (4000m <sup>2</sup> NLA = 136 bays)	
<b>Total Bays</b>	<b>297 bays</b>	<b>254 bays</b>

The type of treatment offered by the proposed hospital is of the type with which the community may attach significant discomfort and misunderstanding. Patient visits while under care are considerably lesser than for other kinds of ailments. The effect of a revised calculation is that the requirement would reduce from 307 bays (under the JCCDPM) to 297 bays as calculated here. The 10 car bay differential amounts to a reduced cash-in-lieu payment by 10 bays x \$8100 per bay, or \$81 000 in real terms.

The conclusions put forward by the Traffic Consultant are agreed in this case and it is recommended that a condition be imposed on the development approval requiring a cash-in-lieu payment for 43 bays.

### **Matters raised in public advertising**

The following issues were raised through objections to the proposal during the consultation process:

#### Security and Safety Concerns

Several submissions queried the nature of psychiatric care proposed for the facility and whether this would create safety issues for surrounding residents. In response, the applicant provided the following information:

- *Sentiens provides a range of health services for people with chronic mental and physical conditions such as depression, diabetes and asthma.*
- *The hospital is being built to meet a significant requirement for community health services in the north metropolitan area. This centre will offer the required services to the community, which are not currently provided in the Joondalup area.*
- *Sentiens Joondalup is a psychiatric clinic. It is designed to provide mental health care to people who have mental health problems. This facility will admit patients who voluntarily request care. The facility will take only those regarded as safe to be in the community and who do not present a threat to others.*

- *The most common admissions are likely to be depression, anxiety, bipolar disorder and stress.*
- *It is likely that patients from the hospital will be representative of ordinary people in the community, their friends and relatives.*

It should be noted that there is already an existing mental hospital component at the nearby Joondalup Health Campus. This facility provides similar mental health services to those proposed to be provided at the Sentiens hospital and has operated for several years without major incident.

#### Negative Impact on Property Values

Property values are not considered to be a relevant planning consideration. The proposal must be considered only for compliance with the various criteria of the JCCDPM and DPS2. It should be noted that no information or justification was provided in support of the supposed impact on property values.

#### Overflow Parking

The Traffic Impact Statement and Car Parking Report (TISCPR) prepared for the application states that the parking provision on site will exceed demand. An alternative parking table was assembled as part of their report, using the criteria of the Road Transit Authority (RTA) of New South Wales and where traffic generation rates were not available, the Institute of Engineers USA Generation Rates (ITE). Under this alternative assessment, which does not have as stringent parking requirements as the JCCDPM, a total of 245 car parking bays would be required on site. While the RTA or the ITE criteria has no statutory bearing on this application, when considering the number of multi-trips that the proposal will generate to its different land uses, as well as the strong pedestrian and public transport networks in the Joondalup CBD, it was considered by the applicants that the estimated parking demand would be met with the reduced number of on-site car parking spaces.

Although the TISCPR indicates that the estimated car parking demand will be met on-site and therefore, there would be no impact on the amenity of the locality, some concern is expressed at the extent of the variation. The proposed land use is for a hospital and as such, the mode of operation could change based on the type of use made of the hospital, for instance, a change from a private psychiatric hospital to a private general hospital. Having regard to this issue, Council could either:

- support the reduction in car parking numbers and exercise discretion through the use of Clause 4.5 of the DPS; or
- accept a cash-in-lieu payment for the shortfall in car parking under clause 4.8 of the DPS; or
- require the provision of car parking based on the standards prescribed in the DPS.

Given the size and scale of the facility, the variety of land uses which will use the facility and the strong public transport network and walkability within the Joondalup City Centre, and the findings in the TISCPR, it is recommended that option (b) be adopted..

Should the mode of operation of the hospital change or there is an under-estimation in the parking numbers, a cash-in-lieu payment for the 43 bays will provide the City with additional funds with which to purchase land for the construction of future public car parking sites or further development of existing public parking sites within the locality. This would address any assessed shortfall in car parking. Further, there is an existing public car parking area located in close proximity and to the east of the development site, centrally located within the street block bounded by Davidson Terrace/Shenton Avenue/Lakeside Drive and Reid Promenade.

Consequently, it is considered more beneficial to the City and to the community that the parking shortfall be addressed through a cash-in-lieu payment rather than the provision of extra bays on site. The funds from the cash-in-lieu contribution can be used to fund future public car parking construction (and associated land acquisition) within the CBD.

### **Conclusion**

The proposed development will be a positive addition to the City Centre. It will provide a much needed health service to the residents of the northern corridor. The design of the development meets the urban design objectives of the JCCDPM and it is considered that a development of this scale will provide a suitable landmark building at a key entry point into the Joondalup CBD.

The "Hospital" land use proposed is considered to have strong merit, given its location and design, while the other land uses are considered to be "preferred" uses under the provisions of the JCCDPM. The setback variations are considered to be minor, and are sympathetic to the levels of the site, as well as maintaining the visually impression on Shenton Avenue that has been created by the existing Joondalup House development. Given the multi-functional nature of the development, and the strong pedestrian and public transport networks within the CBD, it is considered that there will not be a significant parking overflow into surrounding areas based on the TISCPR. However, the payment of a cash-in-lieu contribution will assist the City in creating new public parking areas or development of existing facilities within the CBD, which would address any overflow that may arise from this development if the TISCPR has underestimated parking demand.

It is therefore recommended that the development be approved, subject to appropriate conditions.

### **ATTACHMENTS**

Attachment 1	Location Plan
Attachment 2	Development Plans
Attachment 3	Supporting Documentation

### **VOTING REQUIREMENTS**

Simple Majority

## RECOMMENDATION

That Council:

1 EXERCISES discretion under:

(a) Clause 4.8.2 of the City of Joondalup District Planning Scheme No 2 and determines that the car parking standard for the hospital use be amended as follows:

(i) 1 car parking space per staff member and 1 car parking space per 6 patients.

This results in a car parking requirement of 297 bays in lieu of 307.

(b) Clause 4.5 of the City of Joondalup District Planning Scheme No 2 and determines that the:

(i) setbacks to Shenton Avenue and Davidson Terrace of 2.8 metres to 8 metres and 3.5 metres to 6 metres respectively;

(ii) level difference between the footpath and tenancies facing Shenton Avenue of 1.25 metres.

are appropriate in this instance.

2 Having regard to Clause 4.11.2, considers that a cash-in-lieu payment of 43 car parking spaces is appropriate.

3 APPROVES the application for Planning Approval dated 19 December 2005 submitted by The Planning Group, the applicant, on behalf of the owner, Primewest Pty Ltd, for a Hospital, Medical Centre (including pharmacy), Café-Restaurant and double storey decked car parking area at Lot 450 (8) Davidson Terrace, Joondalup, subject to the following conditions:

(a) Provision of 254 car-parking bays, which includes six disabled parking bays and thirty four allocated staff bays, with the parking to be open to the public at all times.

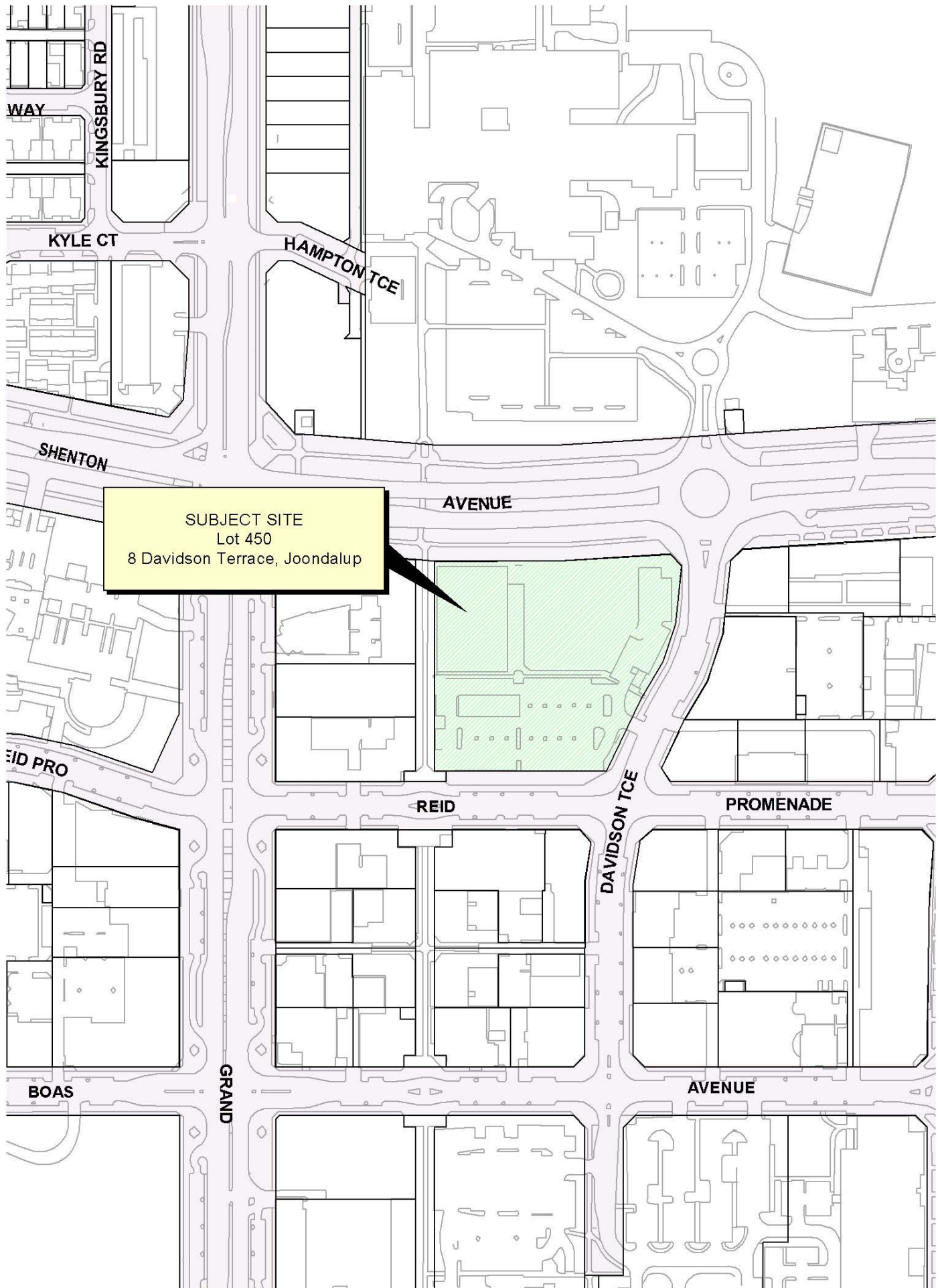
(b) A cash-in-lieu payment being made to the City of Joondalup for 43 car parking bays, at the rate of \$8,100 per bay.

(c) The “Future GP Consulting Rooms” being deleted from the approved plans and being subject to separate future application as required.

(d) The parking bays, driveways and points of ingress and egress to be designed in accordance with the Australian Standard for Offstreet Car Parking (AS2890). Such areas are to be constructed, drained, marked and thereafter maintained to the satisfaction of the City prior to the development first being occupied. These works are to be done as part of the building program.

- (e) Six disabled car parking bays located convenient to the building entrance and with a minimum width of 3.2 metres, to be provided to the satisfaction of the City. Provision must also be made for disabled access and facilities in accordance with the Australian Standard for Design for Access and Mobility (AS 1428.1).
- (f) An onsite stormwater drainage system with the capacity to contain a 1:100 year storm of a 24-hour duration is to be provided prior to the development first being occupied and thereafter maintained to the satisfaction of the City. The proposed stormwater drainage system is required to be shown on the Building Licence submission and be approved by the City prior to the commencement of construction.
- (g) The lodging of detailed landscaping plans, to the satisfaction of the City, for the development site with the Building Licence Application. For the purpose of this condition a detailed landscaping plan shall be drawn to a scale of 1:100. All details relating to paving and treatment of verges, including tactile paving, to be shown on the landscaping plan.
- (h) Landscaping, reticulation and all verge treatment is to be established in accordance with the approved plans prior to the development first being occupied and thereafter maintained to the satisfaction of the City.
- (i) Bin storage area shall consist of a concrete floor that grades evenly to an industrial floor waste connected to sewer and the provision of a hose cock.
- (j) The gradient between the disabled parking bay and the building entrance, including disabled access ramps, to be a maximum of 5%.
- (k) Design levels of the proposed development must ensure a smooth transition between the development and the adjoining pavement within the road reserve to the satisfaction of the City.
- (l) Any roof mounted or freestanding plant or equipment such as air conditioning units to be located and/or screened so as not to be visible from or beyond the boundaries of the development site.

- (m) Ground floor glazing for the commercial unit should be maximised. At least 50% of the area of the commercial unit front façades shall be glazed and the horizontal dimension of the glazing shall comprise 75% of the frontage.**
- (n) Obscured or reflective glazing shall not be used at the ground level.**
- (o) Pedestrian shelter shall be provided to the commercial ground floor unit in accordance with the Joondalup City Centre Plan and Manual. Details of the proposed pedestrian shelter are to be submitted to the City for approval.**
- (p) Any advertising signage shall be subject to a separate application for Planning Approval.**
- (q) The south-facing facade of the car parking area (fronting Reid Promenade) being articulated to the satisfaction of the Manager – Approvals, Planning and Environmental Services.**



SUBJECT SITE  
Lot 450  
8 Davidson Terrace, Joondalup





SUBJECT SITE  
Lot 450  
8 Davidson Terrace, Joondalup









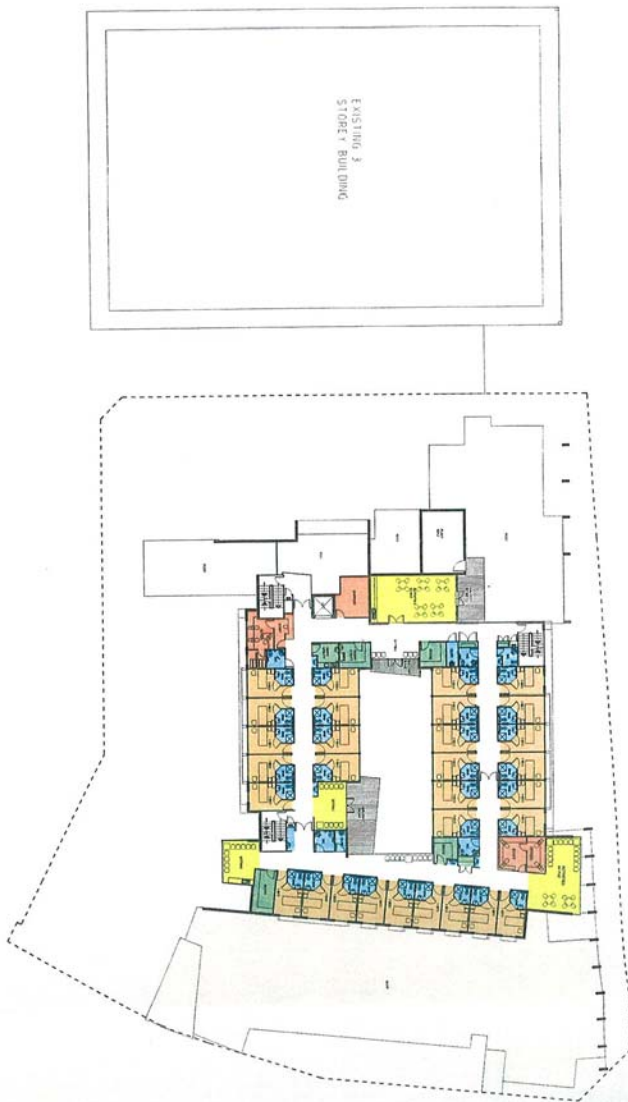
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SENTIENS COOPER & GALLS  
ARCHITECTS  
ARCHITECTS  
DESIGNER: 2022  
PROJECT NO: 2020  
SCALE: 1/200 @ A1  
GROUND FLOOR PLAN  
DEVELOPMENT APPROVAL SUBMISSION  
SENTIENS HEALTH  
LONDONLIP CAMPUS



DECEMBER 2006  
PROJECT No. 2006 SCALE 1:200 @ A1

FIRST FLOOR PLAN  
DEVELOPMENT APPROVAL SUBMISSION

SENTIENS HEALTH  
SCL3 - CONDULDER CAMPUS



LEGEND

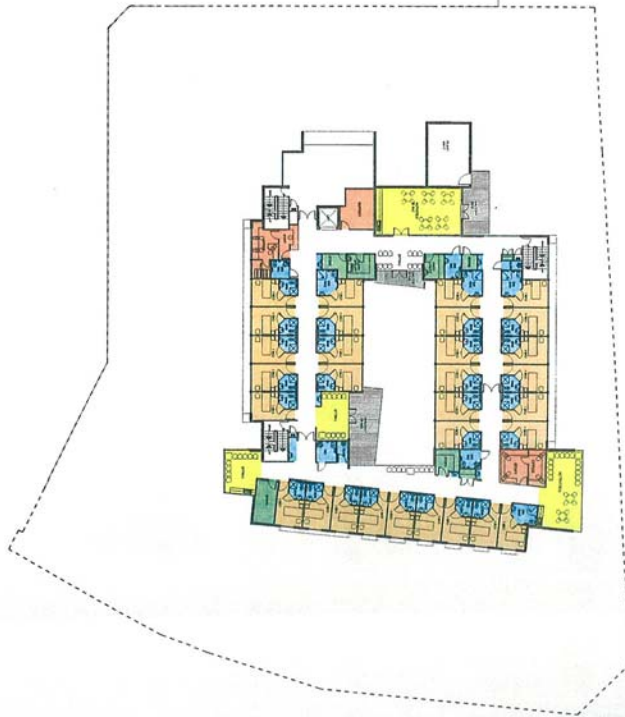
Room	Color
Office	Blue
Reception	Yellow
Waiting	Orange
Corridor	Grey
Stair	Black
Entrance	White



DISCLOSED 2008  
PROJECT No. 2008 SCALE: 1/200 @ A1

SECTION 51 000 PLAN  
DEVELOPMENT APPROVAL SUBMISSION

SENTIENS HEALTH  
SCOPE: JENNIFER CAMPUS



REVISIONS

NO.	DATE	DESCRIPTION
1	08/14/08	ISSUED FOR PERMIT
2	08/14/08	ISSUED FOR PERMIT
3	08/14/08	ISSUED FOR PERMIT
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5	08/14/08	ISSUED FOR PERMIT
6	08/14/08	ISSUED FOR PERMIT
7	08/14/08	ISSUED FOR PERMIT
8	08/14/08	ISSUED FOR PERMIT
9	08/14/08	ISSUED FOR PERMIT
10	08/14/08	ISSUED FOR PERMIT



NORTH ELEVATION - SHENTON AVE



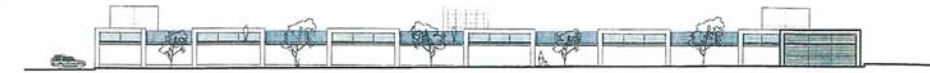
SOUTH ELEVATION



EAST ELEVATION - DAVIDSON TCE



WEST ELEVATION



NORTH ELEVATION



SOUTH ELEVATION



EAST ELEVATION - DAVIDSON TCE



WEST ELEVATION

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# SENTIENS PRIVATE HOSPITAL

*December 2005*

*Reference 706.091*

*Issue 1*

T H E | **P L A N N I N G**  
G R O U P

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# INTRODUCTION

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Sentiens Health is a renowned health care provider concentrating on mental health care, including psychiatric assessment, case management and clinical psychology services. Whilst they have been operating in West Perth for a number of years, Sentiens currently do not have a facility to cater for the areas north of Perth and are interested in establishing a facility within the Joondalup City Centre. The site selected is one within close proximity to public transport and within an inner city environment where uses such as community medical facilities, residential and commercial uses are promoted and actively encouraged by the relevant authorities. Sentiens have therefore selected Lot 450 on the corner of Davidson Terrace and Shenton Avenue Joondalup, (No 8 Davidson Terrace) directly opposite the Joondalup Hospital for their development.

Sentiens are looking to establish a significant health care facility on the site with Stage 1 of the development involving the creation of a 60 bed care facility, medical suites and a multi-level car park to complement the existing three storey office building already on the site. The proposed medical development will comprise a three storey building located in the north-east portion of the site near the corner of Davidson Terrace and Shenton Avenue.

Well-respected architects Silver Thomas Hanley have designed the development. This report has been prepared by *The Planning Group* in conjunction with *Shawmac Consulting Engineers* to support the development application. The report describes the site, the relevant planning controls, details how the development complies with those controls and comprehensively justifies any minor variations required to suit the relatively unique development proposed.

# SITE DETAILS

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The subject site is bound by Shenton Avenue to the north, Davidson Terrace to the east, and Reid Promenade to the south and a pedestrian access way to the west. The site is located in the northern portion of the Joondalup City Centre. A Location Plan is provided as **FIGURE 1**.

The site comprises all of the land on Certificate of Title Volume 1840, Folio 613 being part of Lot 450, portion of Swan Location 3324 on Diagram 75369. A copy of the Certificate of Title can be seen in **APPENDIX 1**. The site is owned by Kingston Develco Pty Ltd, but is under contract to Sentiens Pty Ltd to purchase with a caveat on the title lodged on 9 August 2005 to protect Sentiens interest in the land.

Pt Lot 450 is 1.2438ha in area with a frontage of 122 metres to Shenton Avenue, 132 metres to Davidson Terrace, 89 metres to Reid Promenade and 108 metres to the pedestrian access way on the western boundary. A Site Plan is provided as **FIGURE 2**.

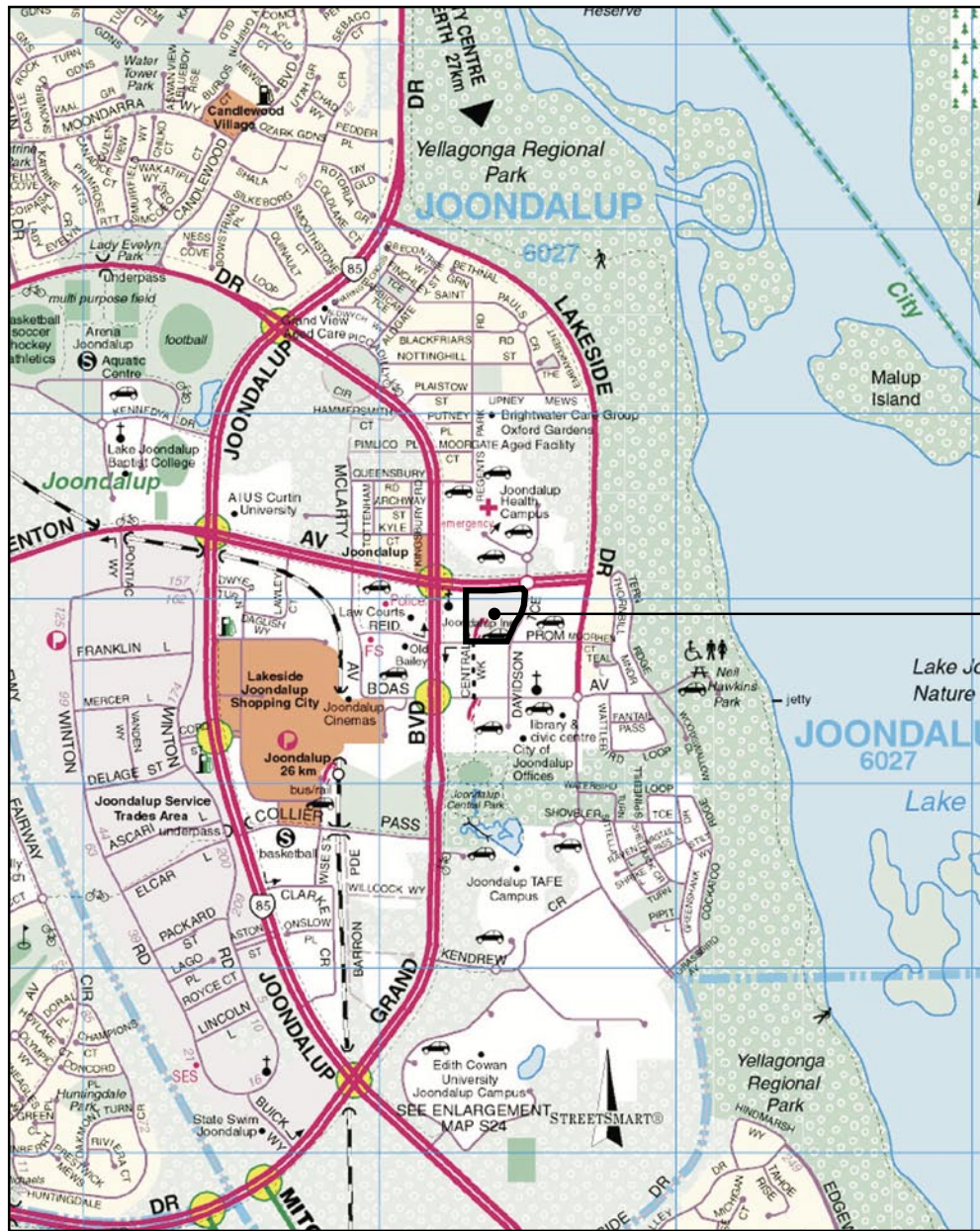
The northeastern portion of the site contains a three-storey office building tenanted by the Disability Services Commission. This building was approved in April 1988 and has a gross floor area of 5,100m<sup>2</sup>. The southern portion of the site contains an existing 199 bay car park accessed via Davidson Terrace. The northwestern portion of the site is currently remnant bush vegetation that is to be cleared to facilitate the development that is the subject of this report. An Aerial Photo is provided as **FIGURE 3**.

The southern portion of the site is relatively flat but the northwestern portion of the site that will be developed slopes from a high point of RL 50.93 near the southeast corner of the existing building down to a low point of RL 48.028 in the north-east corner of the site on the corner of Davidson Terrace and Shenton Avenue. This equates to a fall of 2.9 metres over the proposed development site.

Photos of the existing site can be seen in **APPENDIX 2**.

Pt Lot 450 has numerous locational benefits for such a facility, being within a 6 minute walk (550m) of the Joondalup train station/bus interchange, having excellent access to existing (and proposed) bus routes along Grand Boulevard and Shenton Avenue and being located directly across the road from the Joondalup Health Campus. The site also benefits from the numerous amenities provided within the Joondalup City Centre.

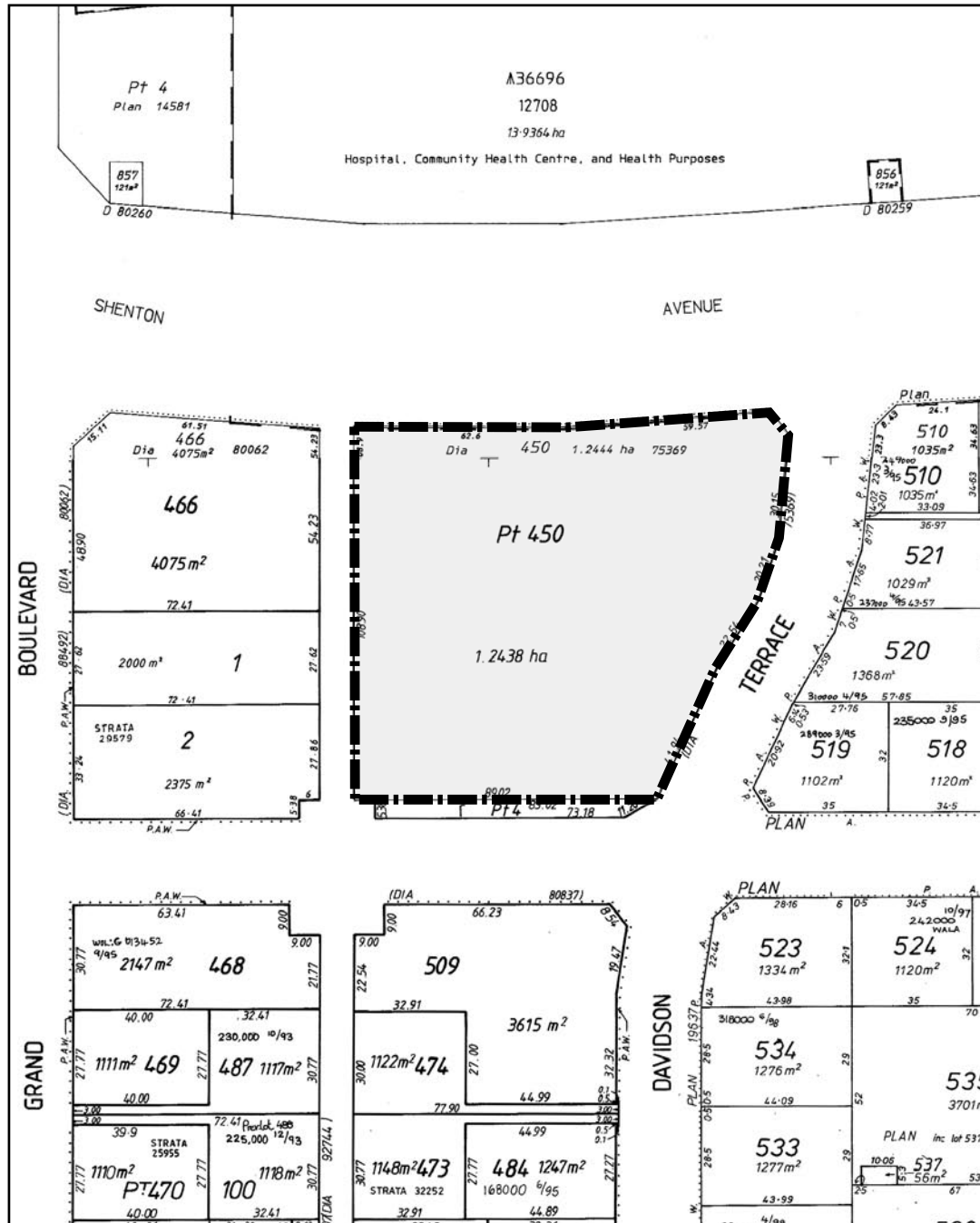
FIGURE 1: LOCATION PLAN




Subject Site

Source: StreetExpress

FIGURE 2: SITE PLAN




 Subject Site

Source: Valuer General's Office

**FIGURE 3: AERIAL PHOTO**



Source: DLI

 Subject Site

# **CURRENT PLANNING CONTROLS**

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## **METROPOLITAN REGION SCHEME**

The subject land is zoned 'Central City Area' under the provisions of the Metropolitan Region Scheme. A 'hospital' and 'medical centre' are both uses that would be compatible with a 'Central City Area' zoning.

## **CITY OF JOONDALUP TOWN PLANNING SCHEME NO.2**

The subject land is within lands governed by the City of Joondalup pursuant to the City of Joondalup District Zoning Scheme No. 2 as amended 11 April 2005 ('the Scheme'). Under the Scheme the land is zoned "Centre Zone" for which its purpose is to *'accommodate existing and proposed businesses that cater for the diverse needs of the community in an integrated and attractive manner'*. Development in the Joondalup City Centre is guided by the Joondalup City Centre Development Plan and Manual ('the Manual'). It is this Manual that prescribes the development standards and controls for the area, with the Scheme providing clarification on matters not defined in the Manual.

## **JOONDALUP CITY CENTRE DEVELOPMENT MANUAL (FEBRUARY 1995)**

The City Centre Manual encourages flexibility to facilitate a mixture of compatible land uses being provided throughout the city centre and therefore each use is assessed upon its merits against the desired objectives for the precinct. The land use plan within the Manual indicates that the subject site is suitable for "General City Uses", which includes residential, medical suites and community service facilities. For the purpose of the Scheme, the main proposed uses would best be classed as a combination of a 'medical centre' (as it involves two or more consultants and ancillary services) and a 'hospital' as it involves a place where people are admitted for medical treatment or care. Whilst both of these uses are considered to be comparable with 'Medical Suites' advocated by the Manual, the Manual does not specifically advocate a 'hospital' being established on the site.



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The plot ratio specified for the site is 1.0. The Manual is silent on car parking for 'medical suite' type activities, but clarification is provided by the Scheme, which requires a 'hospital' to be provided 1 car bay per 3 patients, plus 1 car space to be provided for each staff member on duty. A 'medical centre' requires 5 car parking bays to be provided for each practitioner. It should be noted, however, that clause 4.8.2 of the scheme allows Council the discretion to determine a general car parking standard that shall apply irrespective of the development proposed.

The Manual encourages development to provide a continuous urban wall to street frontages (excepting entries and forecourts) and where a development has frontages to more than one street 'a landscaped urban wall' can be provided. Colonnades or awnings are encouraged over walkways and any adverse impacts over street spaces should be minimized. Setbacks from side boundaries should be minimized and buildings must be contained within a 60 degree height plane from a point 13.5 metres above natural ground level at a mid point along the boundary.

The Manual encourages a variety of building styles to provide a richness and character to the street space. Each building should reflect integrity of form and rhythm and address the street(s) to which it fronts. The corners of buildings should articulate and reinforce the corner with one of the main aims of the built form to provide an urban edge to the street. This can also be achieved by ancillary structures and landscaping to give the impression of a built form. The roofscape must be treated as an integral part of the building with all mechanical plant and equipment screened from public view.

Active uses are encouraged on the ground floor with at least 50% of the area of the ground floor façade to be glazed with the use of dark or reflective glazing being discouraged. Uses such as cafes and active uses should be provided and blank walls avoided.

Building entrances need to have a clear identity, be accessible directly from the street with points of access from car parking areas clearly defined. Where a level change from pavement to interior exists, provision must be made for ramped access. The policy advocates the ground floor level being finished at the pedestrian level, except for sloping sites where the policy states that the average finished floor level should not be higher than 600mm with no part being higher than 1.2 metres above the pavement level. Variations of up to 900mm can be granted if the ground floor activities significantly enhance the street activity.

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Passive solar design is also encouraged where the glazing of north and south facades should not exceed 75% of the area of the façade and generally not exceed 50% of the east and west facing facades. Glazed areas on east and west facing facades should be protected from direct summer solar gain.

All signage must be of a high quality and integrated within the building design and character and shall not obscure windows or architectural details.

Other detailed design elements should include:

- Clear sight lines to all vehicle access ways;
- Minimal overshadowing over public squares and parks;
- Minimal overlooking of adjoining private open space or windows of residential properties;
- Provision of durable and appropriate public art, free standing or on a façade;
- Provision of waste areas hidden from the street, loading areas, emergency vehicle access and screening of all services;
- Lighting of buildings;
- Crime prevention through environmental design initiatives;
- Landscaping; and
- A variety of durable and appropriate building materials and colours.

All of these issues are addressed in detail in the assessment section of this report.

# PROPOSED DEVELOPMENT

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The proposed development comprises two parts. Firstly, a three storey building with a small at-grade car parking area and secondly, a large multiple storey car parking facility to be used by staff and clients of the new facility and the existing office development. The car parking area is to contain a total of 250 car parking bays, including 6 disabled bays. The three storey building is to comprise a private hospital and medical suites where individuals can receive treatment for both mental and physical ailments. A port cochere is provided adjacent to the car park at the entrance to the hospital to allow for patients to embark and disembark under cover, with a separate service area being located at the rear of the building. Access to the new car park and service area is via a single crossover onto Davidson Terrace, with the existing crossover immediately to the south to remain to provide access to the main car parking area. A3 copies of the plans can be seen in **APPENDIX 3**.

The site falls significantly from a high point adjacent to the existing building down to the northeast corner of the site. As there is a primary need for the two buildings to have the same floor levels, given it is eventually intended for both buildings to be connected to provide one comprehensive medical facility in the future, the fall in the land necessitates the north easternmost portion of the development to be raised above ground level. Whilst it was previously proposed for this level change to be addressed by the creation of a raised 'civic entry' with access via a series of steps, following discussions with Council staff the architect has now revised the design to lower the ground floor tenancies facing Davidson Terrace so that they have an enhanced relationship with the street. However, as Davidson Terrace itself is on a slope, it is not possible for an entirely at grade development to be provided for the entire length of the development abutting the footpath adjoining the site.

Given it is still an operational requirement for the hospital and medical suites to be provided at the same level as the existing building, it is proposed that a raised entry be provided to the medical suites with entry to the reception and waiting area provided either by stairs or via a disabled access ramp in the northeast corner of the site.

The northern portion of the building is elevated above pavement level so that the staff amenities and communal kitchen are elevated above the street to provide surveillance over the existing verge landscaping into the public domain and to ensure that the building has a clear presence in the street. The existing extensive landscaping in the verge will also soften the appearance of the proposed retaining wall.

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The ground floor of the development is to contain a mixture of uses predominantly based on medical treatment and care with general practitioner suites in the eastern and northern portions of the floor and a hospital on the central and western portions of the floor. The eastern portion of the building fronting Davidson Terrace is single storey and will contain a variety of allied health uses associated with a medical centre, including uses such as a pharmacy, radiologist, pathologist, dieticians, occupational therapists etc. with the exception of the southern tenancy which is proposed to be a cafe.

All in all the development will accommodate a range of psychiatric and psychological related services and infrastructure, along with the medical suites for private practitioners, general practitioners and allied health professionals, all in a single integrated facility. The three level hospital component will comprise targeted suites for psychiatrists, psychologists, occupational therapists, general practitioners and possibly dieticians and exercise physiologists, inpatient suite psychiatric beds and outpatient treatment suites, ECT/Day procedure unit group rooms, recreational lounges and an internet lounge. The general practitioners will share the ECT/Day procedure unit with the psychiatric hospital.

In the first instance it is intended that there will be seven general practitioner consulting rooms in the north east portion of the ground floor with provision being made for another four to be added in the future. These 'GP suites' will be serviced by a waiting area and staff amenities area in the north east portion of the development.

The main entry to the hospital is located directly adjacent to the car park on the southern side of the building. This entry opens up into a waiting room and reception area. To the right of the reception area is a series of group counselling rooms and behind the reception is a computer program training area and internet lounge which will mainly be used to educate patients on how to use Sentiens self assessment program. On the northern side of the ground floor are the communal dining and kitchen areas that will service hospital patients. All service areas are on the northeast side of the building where they are screened from view from the public domain. The two upper floors contain 30 single bedrooms per floor, each with their own en-suite. Each floor also has four communal sitting/activity areas, utility rooms, cleaner's rooms, and office support areas. Lift access is provided to all floors via a central lift core in the south-western portion of the development, with secondary access and egress available via a stairwell in the south eastern portion of the development.

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The elevations provide a combination of fine and coarse grain detail that reflect the building's locational environment and the commercial/civic nature of the premises. The northern elevation contains single storey elements at each end with a three storey component in the centre. Each component is well articulated and detailed with the northern façade containing more coarse grain detail commensurate with the largely vehicle dominated environment on Shenton Avenue. The central three storey element on the northern facade is framed in a dominant white box element that sits proud of the glazed curtain wall. The ground and first floor of the central portion of the northern elevation is then broken up with a series of white box elements that sit proud of the façade and contrast with the grey rendered elements of the remainder of the façade. These white boxes not only provide character to the façade, but also solar protection from the summer sun. The most notable feature of the northern façade is however, the artistic brightly coloured robust vertical blades located along the length of the façade that increase in height and frequency as they near the corner of Davidson Terrace and Shenton Avenue. These artworks add considerable interest to the façade and assist in celebrating the corner of Davidson Terrace and Shenton Avenue.

The fall of the land and the need to maintain the floors of the development at the same level as the existing building, result in the creation of a retaining wall that has a maximum height of two metres at its eastern end. This wall is then provided with a one metre high open aspect fencing above that will enable surveillance to be provided over the public domain whilst clearly demarcating between public and private space. The support posts for the fencing have been designed to overhang the retaining wall to add further detail to the wall, with the highest part of the wall near Davidson Terrace being broken up with a planter. It should be noted that the majority of this wall will be screened from public view due to the location of existing landscaping within the road verge that is located between the site and the footpath and between the footpath and the carriageway.

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The eastern façade contains a single storey element with a curved lightweight verandah roof over the upper level walkway. The verandah roof is supported via series of vertical metal columns that protrude beyond the roof and vary in height to provide a fine grain detail and add further interest to the facade. The ground floor under the awning is all ‘shop front’ glazing with the glazing at the upper levels being provided in ‘boxed’ window awnings which return to the northern side of the window and add coarse grain interest to the façade. The southern portion of the eastern façade contains two horizontal windows, completely ‘boxed’ to enhance their appearance. The most interesting aspect to the eastern elevation is however, the southern portion of this façade where an angular roof form is proposed with inset glass and access ramp designed to be at the same angle as the roof. The roof form of this section also sits proud of the glass to reinforce the angular design of this portion of the façade ensuring a high level of interest is provided. The northern portion of this façade has been increased in height to help provide a corner statement with a vertical bank of horizontal corner windows provided to emphasize the height of the corner.

The southern elevation largely reflects the northern elevation with the exception of the covered entrance in the western portion of the façade, which comprises of an awning that overhangs the roadway and highlights the entrance to the hospital. The eastern portion of the southern façade contains the angular roofed section which will provide a covered alfresco dining area for a café.

Whilst the western façade will be largely screened from view by the existing building, a variety of building materials and varied setbacks still ensure that a highly detailed and well-articulated façade is provided. A mixture of materials has been used in the facades including glass, steel, rendered masonry and smooth and split faced bricks.

The roofscape of the development largely comprises a flat roof hidden behind parapets with the exception of the dominant roof form at the eastern end of the development. Here a significant ‘v’ shaped winged roof is proposed with extensive eaves of varying width that will be clearly visible in the streetscape and add a high level of coarse grain detail in the facades.

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## **RATIONALE FOR THE SERVICE**

Sentiens Health has identified considerable mental health delivery deficit in the north metropolitan area. The development of Sentiens Joondalup campus reflects the growing population and health care requirement of the north metropolitan area of the Perth mental health market. This specific region serves as a considerable catchment area of referring general practitioners and consulting psychiatrists. A large proportion of acute, private in-patient beds are located in the central Perth metropolitan area, leaving demand in the north largely unmet.

# PLANNING ASSESSMENT

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## METROPOLITAN REGION SCHEME

The subject land is zoned 'Central City Area' under the provisions of the Metropolitan Region Scheme. A 'hospital' or 'medical centre' is a use that is consistent with the 'Central City Area' zoning. Under the 2002 Notice of Delegation, the WAPC has delegated authority to the City of Joondalup to determine the application.

## CITY OF JOONDALUP TOWN PLANNING SCHEME NO.2

Under the Scheme the land is zoned "Centre Zone", the intent of which is to accommodate existing and proposed businesses that cater for the diverse needs of the community in an integrated and attractive manner. The uses for the Joondalup City Centre are guided by the Joondalup City Centre Development Plan and Manual. In terms of the uses prescribed by the Scheme, the proposal includes 'hospital', 'medical centre', 'restaurant' and 'shop'.

The proposed uses on the majority of the ground floor and the upper levels are classed as a 'hospital' as it involves people being admitted for care. The hospital involves a 60 bedroom facility, but also includes group therapy rooms and training rooms where patients will also receive treatment.

In addition to the hospital, there are also a series of general practitioner and consultants rooms to be located in the northern and eastern portions of the development, with larger tenancies fronting on to Davidson Terrace that are to accommodate ancillary uses such as radiologists, occupational therapists and pathologists. This portion of the development is classed as a 'Medical Centre' as it involves more than two consultants.

A 112m<sup>2</sup> 'Pharmacy' is proposed to abut Davidson Terrace. This use is best classed as a 'shop' under the Scheme. The southern tenancy facing Davidson Terrace is proposed to be a café which is classed as a 'restaurant' under the Scheme.

How the proposed uses are consistent with the preferred uses advocated by the Manual is detailed below.



## JOONDALUP CITY CENTRE DEVELOPMENT MANUAL (FEBRUARY 1995)

A compliance summary matrix is provided as follows:

Matter	Standard	Provided	Compliance	Comments
<b>Use</b>	General City Uses <ul style="list-style-type: none"> <li>• Medical Suites</li> <li>• Leisure and Entertainment</li> </ul>	'Hospital', 'Medical Centre', 'Shop' & 'Restaurant'	Yes	The hospital and medical centre uses are generally considered compatible with medical suites advocated by the guidelines. The restaurant compatible with leisure and entertainment uses.
<b>Plot Ratio</b>	1.0 (12,438m <sup>2</sup> )	Existing Building = approx. 4000m <sup>2</sup> , proposed building = 4517m <sup>2</sup> , Car park deck and ramp = 2890m <sup>2</sup> Total 11407 m <sup>2</sup> or 0.91	Yes	The exact plot ratio of the existing building will need to be confirmed by Council.
<b>Car Parking</b>	Hospital: (1 per 3 patients, plus one per staff member on duty. 60 beds = 20 bays plus 15 bays for the 15 staff = 35 bays. Medical Centre: (5 per practitioner). 10 practitioners = 50 bays. Restaurant: (Greater of 1 per 5m <sup>2</sup> of dining or 1 per 4 seats) = 178m <sup>2</sup> dining = 36 bays Office: (1 per 30m <sup>2</sup> NLA) 5,100 = 170 bays Pharmacy (shop) 7 per 100m <sup>2</sup> (112m <sup>2</sup> = 8 bays. Total Required = 299.	250 bays provided	No	Refer Report
<b>Setbacks</b>	'Urban wall to the street	Northern setbacks to Shenton Avenue of 2.8m to 8m Eastern setbacks to Davidson Terrace of 3.5m to 6m	No	Northern setbacks are generally in line with the existing building. Eastern setbacks accommodate level change whilst still allowing direct street access.
<b>Height</b>	60 degree height plane from a point 13.5 metres at natural ground level at a mid point along the boundary.	Maximum Height 12.5m	Yes	

Matter	Standard	Provided	Compliance	Comments
<b>Built Form</b>	Richness and character to the street.	Very well articulated and detailed facades and a clear design intent. Active uses to the street, canopies over the walkways, clear entrances, variety of materials and colours and service and plant areas screened from view.	Yes	
<b>Passive Solar Design</b>	Extensive north facing glazing, minimal east, west and south glazing	North facing glass windows with protection provided by eaves and awnings. Minimal openings to east and west and all protected.	Yes	The western façade is protected by the existing adjoining building.

## Land Use

The City Centre Manual ('the Manual') encourages flexibility and a mixture of land uses throughout the city where each individual use will be treated on its merits as to how it helps the City achieve the objectives for the Central Business District. The land use policies also advocate Council's objectives to encourage a vibrant city centre by providing a 24 hour use, integration of retail activities and a concentration of commercial and retail activity to reinforce the City's unique identity.

The subject site is designated to encourage "General City Uses" such as offices, retail, accommodation (as distinct from 'residential'), leisure and entertainment, community service facilities and medical suites. The proposed uses are directly compatible with Council's desired intent for the precinct. The hospital use provides 'accommodation', 'medical suites' and the 24 hour use specifically encouraged by the Manual's policies. Existing uses on the site are offices also as advocated by the Manual. The pharmacy and café are consistent with the 'leisure' and 'retail' activities advocated by the Manual.

The development as a whole provides the community service facilities as encouraged by the Manual. The proposed uses combined with the design of the building with windows that overlook the public domain, together with kitchen and dining facilities facing the street, the development will ensure activation and surveillance over both Shenton Avenue and Davidson Terrace.

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The uses proposed are also compatible with neighbouring residential uses, with the type of hospital proposed not requiring regular emergency ambulance visits, or involving any use which has the potential to adversely impact on amenity. It should also be noted that the medical facilities proposed complement those uses in the Joondalup Hospital located directly opposite Shenton Avenue to the north of the site.

The proposed development therefore accommodates a variety of uses, all of which are directly compatible, are uses that are advocated by the Manual for the site and will all enhance the diversity of uses within the town centre.

### **Plot Ratio**

The plot ratio specified by the Manual for the site is 1.0. With a site area of 12,438m<sup>2</sup> a plot ratio floor area of 12,438m<sup>2</sup> is permitted. The proposed plot ratio floor area is 7407m<sup>2</sup> (including the car parking deck). *The Planning Group* has been unable to ascertain from Council the plot ratio floor area of the existing building, but Council has advised that it has a gross floor area of 5,100m<sup>2</sup>. Assuming that approximately 80% of this floor area is plot ratio then the plot ratio of the office building is approximately 4000m<sup>2</sup> (subject to verification from Council). This equates to a total plot ratio area of 11407m<sup>2</sup> or 0.91, less than the 1.0 maximum specified by the Manual.

### **Car Parking**

As the Manual is silent on car parking for 'medical suite' type activities, the car parking requirements are specified by the Scheme. For a hospital with 60 beds and 15 staff, 20 bays are required. For the medical centre component, Sentiens propose up to 10 practitioners (which includes the currently proposed and future GP's) that under the Scheme would require 50 car parking bays. For the 122m<sup>2</sup> pharmacy, 8 bays are required and for the 178m<sup>2</sup> of the café available for dining (including the alfresco area) 36 bays would be required. The total car parking required for the new development is therefore 129 bays. When this is combined with the 170 bays required for the existing 5100m<sup>2</sup> office (@ 1 bay per 30m<sup>2</sup>) a total of 299 bays are required and only 250 bays proposed, 49 bays short.

Under clause 4.8.2 of the Scheme, Council has the discretion to determine a general car parking standard that shall apply irrespective of the development proposed in cases where Council considers it to be appropriate.

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Given clause 4.8.2 and that the car parking required by the Scheme appears to be onerous for such a development where there are no visitors for hospital patients and where persons attending one of the facilities are also likely to attend another one of the facilities on the same site, *Shawmac Traffic Consultants and Engineers* were engaged to comment on the number of bays and safety aspects of the parking facility. A copy of their report can be seen in Attachment 2.

It is considered that the minor car parking shortfall is justified and warrants support based on:

- The car parking ratio for 'hospital' specified by Council's Scheme is for a public or private hospital where people are admitted for physical care and treatment. These hospitals are distinctly different in operation to a psychiatric hospital. The whole intent of the psychiatric hospital is to remove people from their everyday environment and influences. Visitors are strongly discouraged as it interrupts their treatment. Sentiens have also experienced that there is a stigma often attached to mental health care and patients generally don't want to receive visitors whilst in care. This therefore results in a significantly less amount of car parking being required.
- The majority of staff and patients will either be dropped off to the facility or will catch public transport with the site being within a 5 minute walk (600m) of the Joondalup rail station, 380m walk from the Grande Boulevard bus station, bus stops being located abutting the site and Council is believed to be currently investigating the establishment of a 'CAT' Bus system.
- There will be a large percentage of reciprocal uses where one client is likely to visit more than one of the uses as part of any one visit. The GP clinics, hospital and allied medical facilities such as the physiotherapist will partially rely on referrals from each other where patients may receive two services in the one visit. The pharmacy is also largely reliant on visits after patient have seen their GP or consultant practitioner to fill prescriptions and the proposed cafe will largely be utilised by existing office staff, hospital staff and patients and those attending the medical centre;

- 
- The cafe involves a significant alfresco dining area to provide activation and life to the street. Alfresco dining areas are often located within the Council's road verge where Council does not require car parking as Council uses this as a mechanism of encouraging alfresco dining to promote life and animation on the street. In this instance the al-fresco dining area is located within the private property due to the change of levels. Should car parking be required for the alfresco dining component of the development of the development then it is likely that the developer will merely remove this requirement to avoid having to pay cash-in-lieu for parking. This would be detrimental to the development and its contribution to the diversity of the city centre;
  - The development with the level of parking proposed helps achieve the objectives of the Scheme in that helps support a safe, efficient and effective transport system by not providing an over supply of parking thus encouraging greater use of the public transport system, a more sustainable mode of transport;
  - The existing development is occupied by the Disability Services Commission, which has a vast number of 'pool' cars that are not generally available for staff to commute to and from work. These 'pool' cars consume a vast amount of bays in addition to workers vehicles. As it is eventually intended for the Disability Services Commission to relocate from the site, another office use, or an expansion of the proposed medical use would not generate the same demand for car parking.
  - The Shawmac report identified that only 241 bays would be required based on the RTA Guide to Traffic Generating Developments for the uses proposed excluding the reciprocal parking for this site, or taking into account that the hospital is a psychiatric hospital where there are no visitor bays required. A copy of the Shawmac report can be seen in Appendix 4.

Based on the above it is considered that the minor car parking fall should be supported by Council. It should be noted that should the Council require cash-in-lieu the project will simply be unviable and the project not proceed.

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## Setbacks and Heights

The Manual encourages development to provide a continuous urban wall to street frontages whilst ensuring that any adverse environmental impacts over the street are minimized. Setbacks should therefore be minimal (excepting entries and forecourts). The Manual also encourages the provision of pedestrian shelter over walkways, and where a development has frontage to more than one street, the urban wall can be continued through either a built or landscaped form.

The subject building is located abutting both Shenton Avenue and Davidson Terrace. With regard to Shenton Avenue, this street is a major distributor road which has limited pedestrian movements, but significant vehicle movements. The development has therefore been set back generally in line with the existing building on the site, a set back of approximately 3.6 metres. This consistent setback with minimal distances between the buildings ensures that the two developments will provide a consistent urban wall when viewed from the street.

It is important to note that the footpath in Shenton Avenue is not located on the property boundary. This shows a clear intent that it was never intended for the development to provide an urban wall at the property boundary to Shenton Avenue as the development will always be set back from the footpath with no potential to provide awnings over the footpath for pedestrian shelter. It is therefore considered more desirable from an urban design point of view for a greater setback to be provided to the building so that it does not dominate or overpower pedestrians on the street, but ensure it is not set back too far so that the building still has a presence in the street and is still able to facilitate surveillance over the public domain.

The proposed building has been set back from Shenton Avenue between 2.8 and 8 metres, with the three-storey component being setback at 8 metres so that the building still has a presence in the street, but does not overpower the pedestrian domain. This setback is also consistent with the position adopted by the City of Joondalup on other developments facing Shenton Avenue which are all set back from the street. The single storey elements at each end have been set closer to the street to continue the 'urban wall' set by the existing office development. It is considered that the varied setbacks enable a well articulated façade to be provided that addresses the street and adds significantly to the character and aesthetics of the street. It should also be noted that the Manual enables developments with two frontages to provide a landscaped

---

solution to the secondary street. It is intended for landscaping to be installed in the setback area to combine with the retaining wall and verge planting so that the appearance of the urban wall specified by the policy will be provided.

With regard to the set backs to Davidson Terrace, the previously discussed fall in the land and the requirement to have the floor levels the same as the existing building will result in the finished floor level of the building being some 2.4 metres above the level of the pavement at its lowest point. The architect has carefully considered this level change and has deliberately located the easternmost tenancies facing Davidson Terrace 1.25 metres below the remainder of the ground floor. Whilst this enables these tenancies to be level, to ensure that the car parking area remains level for appropriate disabled access from the car park the fall of the land means that five steps are required in order to access these tenancies from the northern part of Davidson Terrace. A lengthy disabled access ramp is also required near the corner of the development to provide disabled access to the reception area of the medical suites.

This level change and the need to provide steps and ramps has resulted in the building needing to be setback from the street front to accommodate the steps within the property boundary. An awning has therefore been provided over the walkway at the upper level do not only provide shelter for pedestrians, but also to protect the entries of these tenancies from the elements. This solution enables the development to provide the active façade to the street and provide shelter for pedestrians as advocated by the guidelines.

For the setback to the southern property boundary a two metre setback has been provided to ensure that a landscaped urban walling can be provided to soften the decked car park and to ensure that the decked car park does not cast a significant winter shadow over the adjoining footpath. Again it should be noted that the footpath is not located on the property boundary, showing a clear intent that an urban wall on the property boundary is not required. Given the landscape solution will create the perceived urban wall it is considered that the setback requirements of the guidelines for this secondary street are satisfied.

In terms of height, buildings must be contained within a 60-degree height plane from a point 13.5 metres above natural ground level at a mid point along the boundary. The maximum height of the building at its tallest point above natural ground level is only 12.5metres. The building is therefore located fully within the height plane.

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## Design In Context

The subject site is located on the northern edge of the Town Centre District with Shenton Avenue being the northern boundary. The subject development integrates very well with the adjoining development as the land to the north contains the Joondalup Health Campus. Given the hospital is set so far back from Shenton Avenue, there is no potential for the built forms to be integrated. The proposed setback of the subject hospital from Shenton Avenue respects the lack of built form development on the opposite side of Shenton Avenue but is not set back so far so the building does not have a presence in the street.

The development will also form a rich urban vista when viewed from the exit to the hospital and west along Davidson Terrace with the vertical art works at the ground level and raised corner treatment celebrating the intersection, whilst the winged roof with the extensive eave overhang over the eastern portion of the hospital providing a high level of coarse grain detail drawing people towards the built form.

The nil setbacks on the corner of Davidson Terrace and Shenton Avenue with the vertical artworks also help create a northern gateway into the city centre. These features combine with the variety of materials, colours and well detailed and articulated built form to provide a rich development that clearly announces the intersection and provides a landmark development that will help orientate pedestrians and motorists.

The development also addresses both Davidson Terrace and Shenton Avenue with a fine grain detail provided to acknowledge the pedestrian environment on Davidson Terrace and the more coarse grain detail to acknowledge the vehicle dominated environment on Shenton Avenue. The development allows for natural surveillance to be provided over both streets and the proposed car parking area. Given the 24 a day hospital use, the development will enable a high level of perceived security to be provided over the public domain.

The development has been very well designed by well respected architects *Silver Thomas Hanley* and with the rhythmic facades and the proposed built form integrity, the development will make a very positive contribution to the Joondalup City Centre.



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## **Active Facades**

The proposed development provides the active facades as desired by the Manual, given that the tenancies facing Davidson Terrace have now been lowered to now only be marginally above the level of the footpath. These tenancies are all active uses including a pharmacy and a café with alfresco dining providing activity and life on the street. The ground floor facades to Davidson Terrace are also entirely glass ensuring that the activities within the building can be viewed from the street optimizing the interaction between the streetscape and building interior and providing the animation desired by the guidelines. This glazing includes there being no window sills with the glazing being full height as required by the Manual.

Whilst no basement car parking is to be provided, the development seeks to provide a balance between the amount of car parking required without providing an over supply of parking. The development does, however, necessitate the provision of a decked car parking facility. Car parks by their very nature are often considered as unsightly structures, but in this instance the decked car park presents as a built form to the street which provides the rhythm and urban edge desired by the policy. Open walled portions of the ground floor have been provided in addition to visually permeable screening and balustrading to enable surveillance from the car park over Reid Promenade and vice versa.

## **Entrances and Access**

The two uses, medical centre and hospital, are both provided with a distinct entrance. The medical centre entrance is distinguished from the remainder of the façade by the steps leading up to the entry point which is then capped by a raised awning at a different level than the remainder of the awning on the façade. The hospital entrance is signified by the robust port cochere that extends over the driveway to provide a clear entry statement that can be viewed from Davidson Terrace and the car parking area to the south.

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The medical centre foyer has a strong visual relationship with the street and whilst it has to be located at the same level as the hospital higher than the level provided at the street, it optimizes the interaction between the development and the street by the provision of full height glazed entry doors with the offices having full height glazing to the street. The waiting area is provided with disabled access through the provision of a disabled access ramp near the corner of Davidson Terrace and Shenton Avenue.

The development therefore complies with the entrances and access provisions of the Manual.

## Levels

Due to the slope of the land and the land uses where it is necessary to ensure that the proposed building is at the same level as the existing building, it is unavoidable for portions of the ground floor of the hospital to be elevated above street level. The architect has nevertheless respected the requirements of the level provisions of the policy by lowering the tenancies facing Davidson Terrace so that the café is located at the same level as the street with the adjoining tenancies only being marginally higher than the footpath due to the fall of the land.

The development is also marginally higher than the level of Shenton Avenue, again as a result of the fall in the land to Davidson Terrace. The architect has again respected the intent of the Manual and has reduced the extent of the retaining wall by providing a raised deck and landscaped solution to the corner.

It is considered that the proposed levels can be justified based on:

- The windows and doors of the ground floor tenancies directly open onto Davidson Terrace;
- The uses to Davidson Terrace are all smaller more active tenancies and uses that will animate the street as well as providing surveillance over the public domain;
- The tenancies facing the Davidson Terrace and the north elevation to Shenton Avenue all propose full height glazing;
- The development involves a 24 hour a day use which provides passive surveillance and security over the street; and

- 
- The tenancies facing Davidson terrace are only 800mm above the height of Davidson Terrace and satisfy the criteria of the Manual to be permitted to be 900mm above the pavement level in that the windows and doors open towards the street, the uses are all active uses and the floor of these tenancies does not exceed 1.2 metres above the pavement level.

Based on the above, the difficulty created by the fall of the land and the high level of interaction with the street proposed, it is considered that the levels of the building warrant approval.

## **Roofscape**

The roofscape has been considered as an integral component of the building design. The dominant roof feature is the 'v' shaped roof over the north-south three storey component facing Davidson Terrace. This unique roof has an eave which increases in depth the closer it gets to Shenton Avenue to help celebrate the corner and provide a high level of interest in the roofscape. The unique roof form also helps highlight the development as an iconic building which will form a unique landmark at the northern gateway to the city centre.

The remainder of the development has been provided with a flat roof screened behind parapets. This flat roof not only reinforces the rectangular built form, but also offsets the unique 'v' shaped roof facing Davidson Terrace. No roof form casts a shadow over the public domain and all plant and equipment will be screened from view, with the bulk of the plant and equipment being in a dedicated area in the western portion of the development.

## **Facades**

The facades of the building comply with the policies expressed by the Manual in that all glazing is set into a solid composition with the eastern elevation comprising either boxed windows with solid vertical and horizontal awnings, or full height glazing set within the face brick frame as is evident on the ground floor. The glazing on the northern and southern elevations is located within a robust white box frame, with a smaller series of window boxes located on the lower two floors of the building.

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The northern façade comprises 51 % of glazing to allow the northern winter sunlight to penetrate into the development, whilst glazing on the southern side has been limited to 43% to minimise heat loss. Glazing to east façade has then been limited to a maximum of 27% with this glazing screened by awnings to minimize the penetration of the harsher summer sunlight and glazing on the west façade comprises 35%, but this will be somewhat protected by the existing building. All of these percentages are less than the maximums specified by the Manual whilst still maximizing the surveillance opportunities and providing the animation at the ground floor required by the Manual.

### **Pedestrian Shelter**

Whilst the fall of the land virtually prohibits pedestrian shelter being provided over the public domain, the architect has nevertheless provided a covered pedestrian environment at an upper level in front of the individual tenancies facing Davidson Terrace. As discussed above, Shenton Avenue is a vehicle dominated environment and it was never anticipated for pedestrian shelter to be provided as the footpath is not located up against the property boundary. Even if a nil setback was provided to the development abutting Shenton Avenue the footpath being located away from the boundary precludes the provision of pedestrian shelter.

Whilst the pedestrian shelter to Davidson Terrace is not located over the footpath, it nevertheless entices pedestrians up to the upper level by providing active facades with full height glazing, a series of smaller tenancies and high pedestrian generating activities such as the café. This activation in conjunction with the pedestrian shelter results in a comfortable environment encouraging pedestrian activity in Davidson Terrace.

### **Signage**

Specific signage details have yet to be determined. The developer is however aware of the requirements of the Manual and all signage will be discreet in keeping with the scale and design intent of the building.

### **Sightline easements**

The sightline to the existing crossover is being maintained. The new crossover will be provided with the required sightline easement to the footpath as required by the Manual.

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## **Overshadowing and Overlooking**

The development causes no overshadowing or overlooking over any residential property and therefore complies with the requirements of the Manual. The development also causes minimal overshadowing over the public domain by only providing single storey development to the southern boundary adjacent to Reid Promenade, and providing permeable balustrading that allows for sun penetration and still enables surveillance of the public domain.

## **Public Art**

Public art is to be incorporated in the building design. The two most notable forms of art will be the angled façade and glazing to the café facing Davidson Terrace. This will contrast with the remainder of the façade to provide a distinct character and identity that adds to the level of interest in the streetscape.

The second readily noticeable artwork is the series of brightly coloured vertical panels in the Shenton Avenue streetscape which increase in height and frequency the closer they get to the intersection. The brightly coloured vertical blades provide a landmark that will help orientate pedestrians and motorists and significantly add to level of enjoyment that the building offers users of the public domain. The materials used in the artworks will be durable and easy to maintain and as the art works will be within private property they will be maintained by the owner with no maintenance burden being placed on Council.

## **Services and Servicing**

All servicing areas for the hospital have been strategically located at the western end of the building where they will be screened by the existing office building. Access to the refuse and service area will be via an extension of the new access way that will only be available for service vehicles. All loading and unloading will occur within the designated service area.

Special consideration has been given to the emergency ambulance vehicles with a port cochere providing a covered area for the loading of patients. All piped and plumbing services will be provided to the building in an integrated manner where they will not adversely impact on the public domain.

The development therefore complies with the services section of the Manual.

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## **Lighting of Buildings and Open Space**

Whilst the actual lighting details have yet to be determined, the developer is aware of Council's requirements and will conform to the specifications of the Manual. This will include the car parking area and all stairs and pathways being well lit. It should be noted that the development is also a 24 hours a day 7 days a week operation and will therefore always require a high level of security lighting to be provided.

## **Public Safety and Security**

As the development is a 24-hour a day, 7 day a week operation, the security of the site and the public domain is of importance. Security will be achieved through the provision of lighting and surveillance over all areas surrounding the building and generally by providing a level of activity at all times. There will be no blank walls or dead ends within the development that present as potential security risks. It is also anticipated that security guards will be present at the change of night shift to escort nursing staff to their vehicles.

## **Ancillary Structures**

All ancillary structures such as air conditioning units and other plant will be located at the western end of the building where it will be appropriately screened from the public domain and where noise will not adversely impact on the amenity of any residential property.

## **Landscaping and Open Space**

Whilst there is significant vegetation located on site, none of it is considered to be substantial or worthy of preservation. This vegetation will be retained for as long as possible and only cleared once development is scheduled to commence to minimise dust nuisance. All street trees will be retained and the developer will work with Council to ensure that the proposed landscaping on the site complements the landscaping in the public domain adjoining the site and complies with the requirements of the Manual. It is anticipated that a condition will be placed on the approval to require a landscaping plan to be submitted to Council for approval prior to its implementation.

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## **Materials**

All materials used on the exterior will be robust and durable and will be generally resistant to vandalism. The materials will include glass, rendered masonry and both split face and smooth face bricks that will provide a rich tapestry of textures appropriate to the city centre. The development will also be afforded a varied colour palette that will be dominated by grays and creams to complement adjoining development, but then provided with contrasting brighter orange artworks and vertical veranda poles that will provide a striking visual appearance in the streetscape.

The proposed materials therefore comply with the requirements of the policy.

## **Traffic**

The Shawmac report seen in Appendix 4 also identifies that traffic generated from the site can be readily accommodated on the existing road network with impacts predicted to be “*small in magnitude and manageable*” with “*adjoining intersections still operating at acceptable levels*”. Access to and from the site is considered to be safe, with low crash histories and additional traffic is not considered to increase the risk to road users by any measurable amount.

## CONCLUSION

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As evidenced from the above report, the proposed development complies with the requirements and intent of Council's Scheme and the Joondalup City Centre Development manual. The development has been well designed by well respected architects Silver Thomas Hanley and will make a valuable contribution to the Joondalup City Centre.

The only minor discrepancy is in relation to a small car parking shortfall that has been well and truly justified in the above report and the report prepared by Shawmac Consulting Engineers. The rate prescribed by a hospital in Council's Scheme envisages a high number of visitors to arrive at the required rate of one bay per three beds. The hospital proposed is a psychiatric hospital where patients are strongly discouraged to receive visitors as it interrupts their treatment which is largely based on removing them from their everyday environment and influences. A large number of patients will also be dropped of and picked up to avoid leaving their vehicles in the car park for extended periods.

The development directly satisfies Council's objective for the City Centre as it provides for a variety of uses on the site, which cater for the diverse needs of the community in an integrated and very attractive manner.

Based on the above, it is respectfully requested that the application be placed before the next available Council meeting with a recommendation for approval.



# APPENDIX 1

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## CERTIFICATE OF TITLE

132F

WESTERN



AUSTRALIA

REGISTER NUMBER <b>450/D75369</b>	
DUPLICATE EDITION <b>2</b>	DATE DUPLICATE ISSUED <b>17/10/2005</b>

**RECORD OF CERTIFICATE OF TITLE**  
UNDER THE TRANSFER OF LAND ACT 1893

VOLUME **1840** FOLIO **613**

The person described in the first schedule is the registered proprietor of an estate in fee simple in the land described below subject to the reservations, conditions and depth limit contained in the original grant (if a grant issued) and to the limitations, interests, encumbrances and notifications shown in the second schedule.

*RG Roberts*  
REGISTRAR OF TITLES

**LAND DESCRIPTION:**

LOT 450 ON DIAGRAM 75369

**REGISTERED PROPRIETOR:**  
(FIRST SCHEDULE)

KINGSTON DEVELCO PTY LTD OF UNIT 12, 1 CORKHILL STREET, NORTH FREMANTLE  
(AN J434988 ) REGISTERED 15 SEPTEMBER 2005

**LIMITATIONS, INTERESTS, ENCUMBRANCES AND NOTIFICATIONS:**  
(SECOND SCHEDULE)

1. THE LAND THE SUBJECT OF THIS CERTIFICATE OF TITLE EXCLUDES ALL PORTIONS OF THE LOT DESCRIBED ABOVE EXCEPT THAT PORTION SHOWN IN THE SKETCH OF THE SUPERSEDED PAPER VERSION OF THIS TITLE. VOL 1840 FOL 613.
2. \*G014236 CAVEAT BY PREMIER OF THE STATE OF WESTERN AUSTRALIA AS TO PORTION ONLY. LODGED 26.10.1995.
3. \*G753269 CAVEAT BY PREMIER OF THE STATE OF WESTERN AUSTRALIA AS TO PORTION ONLY. LODGED 31.3.1998.
4. \*H424279 CAVEAT BY MINISTER FOR WORKS AS TO PORTION ONLY. LODGED 19.4.2000.
5. \*H906802 CAVEAT BY MINISTER FOR WORKS AS TO PORTION ONLY LODGED 24.10.2001.
6. \*J389983 CAVEAT BY SENTIENS PTY LTD LODGED 9.8.2005.

Warning: A current search of the sketch of the land should be obtained where detail of position, dimensions or area of the lot is required.  
\* Any entries preceded by an asterisk may not appear on the current edition of the duplicate certificate of title.  
Lot as described in the land description may be a lot or location.

-----END OF CERTIFICATE OF TITLE-----

**STATEMENTS:**

The statements set out below are not intended to be nor should they be relied on as substitutes for inspection of the land and the relevant documents or for local government, legal, surveying or other professional advice.

SKETCH OF LAND: 1840-613.  
PREVIOUS TITLE: 1836-998.  
PROPERTY STREET ADDRESS: 8 DAVIDSON TCE, JOONDALUP.  
LOCAL GOVERNMENT AREA: CITY OF JOONDALUP.

ORIGINAL—NOT TO BE REMOVED FROM OFFICE C

LT 27  
CT 1840 0613 F

Application E122380  
Volume 1836 Folio 998

WESTERN



AUSTRALIA



1840 613

# CERTIFICATE OF TITLE

UNDER THE "TRANSFER OF LAND ACT, 1893" AS AMENDED



I certify that the person described in the First Schedule hereto is the registered proprietor of the undermentioned estate in the undermentioned land subject to the easements and encumbrances shown in the Second Schedule hereto.

Dated 9th June, 1989

*D. Mulcahy*  
REGISTRAR OF TITLES



### ESTATE AND LAND REFERRED TO

Estate in fee simple in portion of Swan Location 3324 and being part of Lot 450 on Diagram 75369, delineated on the map in the Third Schedule hereto, limited however to the natural surface and therefrom to a depth of 12.19 metres.

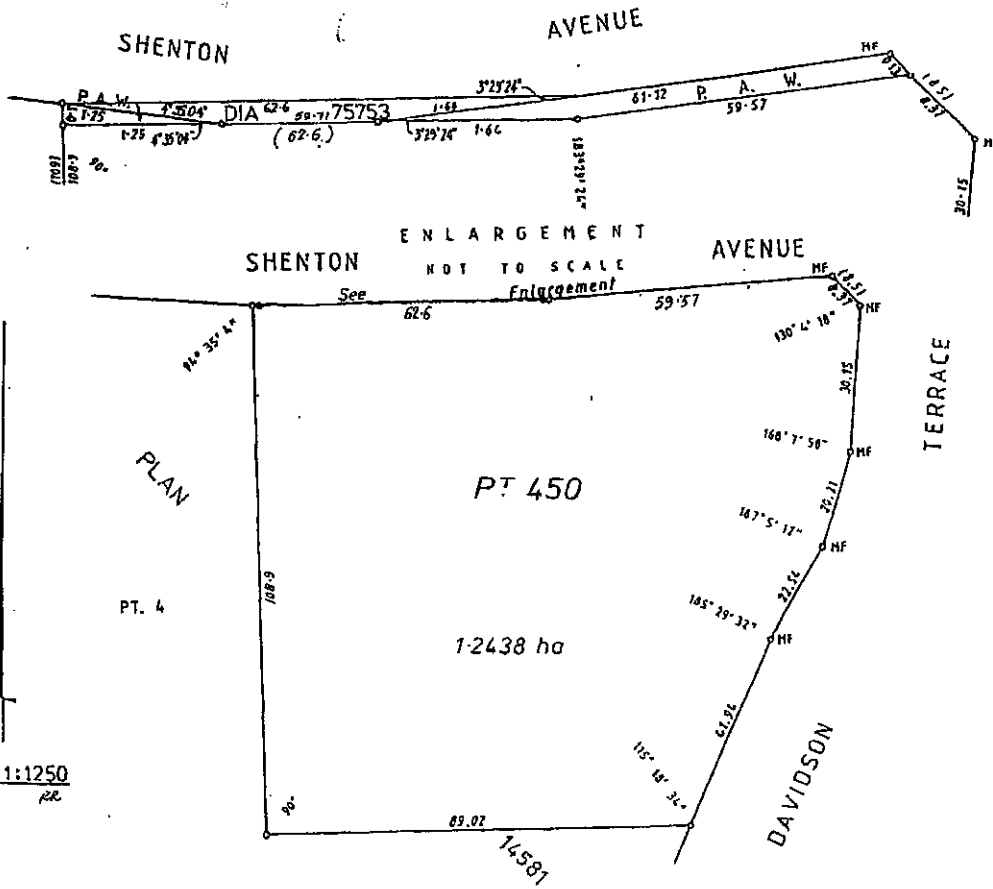
### FIRST SCHEDULE (continued overleaf)

~~Jeondalup Development Corporation of 1st Floor, 40 The Esplanade, Perth~~

### SECOND SCHEDULE (continued overleaf)

~~1. MORTGAGE E122382 to Australian European Finance Corporation Ltd. Registered 9.6.89 at 11.21 hrs. Discharged E760624 5.12.91~~

### THIRD SCHEDULE



SCALE 1:1250

NOTE: ENTRIES MAY BE AFFECTED BY SUBSEQUENT ENDORSEMENTS.

E67590/3/89-20M-L/4664

Superseded - Copy for Sketch Only

Page 1 (of 2 pages)

1840 VOL

613 FOL

PERSONS ARE CAUTIONED AGAINST ALTERING OR ADDING TO THIS CERTIFICATE OR ANY NOTIFICATION HEREON

# Expedited Copy for Sketch Only FIRST SCHEDULE (continued) NOTE: ENTRIES MAY BE AFFECTED BY SUBSEQUENT ENDORSEMENTS REGISTERED PROPRIETOR

NATURE	INSTRUMENT NUMBER	REGISTERED	TIME	SEAL	CERT. OFFICER
Transfer	E122381	9.6.89	11.21		<i>[Signature]</i>

Barvo Investments Pty. Ltd. of 111 Wellington Street, East Perth.

SECOND SCHEDULE (continued)						NOTE: ENTRIES MAY BE AFFECTED BY SUBSEQUENT ENDORSEMENTS						
INSTRUMENT		NUMBER	PARTICULARS	REGISTERED	TIME	SEAL	CERT. OFFICER	CANCELLATION	NUMBER	REGISTERED OR LODGED	SEAL	CERT. OFFICER
Mortgage	E760625		to Banque Nationale de Paris.	5.12.91	10.06		<i>[Signature]</i>					
Caveat	G14236		As to portion only: Lodged 26.10.1995 at 14.26 hrs.									
Caveat	G753269		As to portion only: Lodged 31.3.98 at 16.08 hrs.	28.8.98	16.12		<i>[Signature]</i>					
Transfer	G888729		of Mortgage E760625 to Westpac Banking Corporation.	28.8.98	16.12		<i>[Signature]</i>					
Mortgage	G888730		to Westpac Banking Corporation.									
Caveat	H424279		As to portion only: By Minister for Works. Lodged 19.4.00 at 11.25 hrs.									

CERTIFICATE OF TITLE VOL. 1840 FOL-613

## APPENDIX 2

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### PHOTOS



*Photo 1 - Subject site viewed from existing Davidson Terrace crossover*



*Photo 2 - Existing office building and car park*



*Photo 3 - Subject site from corner Shenton Avenue and Davidson Terrace  
(Note: Footpath lighting on southern side of footpath in road verge.)*



*Photo 4 - Existing office building viewed from Shenton Avenue  
(Note: Width of carriageways.)*

# APPENDIX 3

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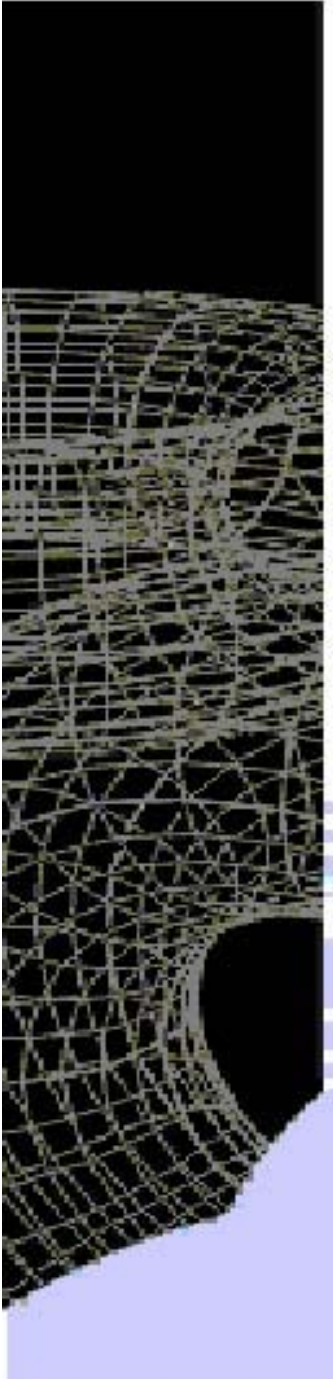
## PLANS OF THE DEVELOPMENT

# APPENDIX 4

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## TRAFFIC & PARKING REPORT





**PROJECT:**

Review of the traffic impacts associated with the development of Sentiens Health Joondalup Campus.

Ver. 1

Client                      The Planning Group.

Author                      Tony Shaw. B Sc Dip Eng Surv  
Grad Dip Bus MIPWEA MAITPM MQSA

Signature

Date                              December 2005.

Version 2.

**CONSULTING ENGINEERS, ENVIRONMENTAL ENGINEERS & RISK MANAGERS.**

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## 1. Study and site details.

### 1.1. Scope.

This study has been commissioned to investigate possible traffic issues associated with the development of the Sentiens Health Campus in Davidson Road, Joondalup. The extent of the study includes a review of operational aspects of the road network adjacent to the site, parking requirements and consideration of road user safety. Methodology relied on gathering baseline data of the existing traffic environment, quantifying expected increased traffic associated with the development and assessment of the impacts associated with the revised traffic patterns.

### 1.2. Study site.

The study site shown on figure 1 is approximately 25 kilometres north of the Perth CBD and is located in the Joondalup Town Centre. The site is bounded by Shenton Avenue to the north, Davidson Terrace to the east and Reid Promenade to the south.

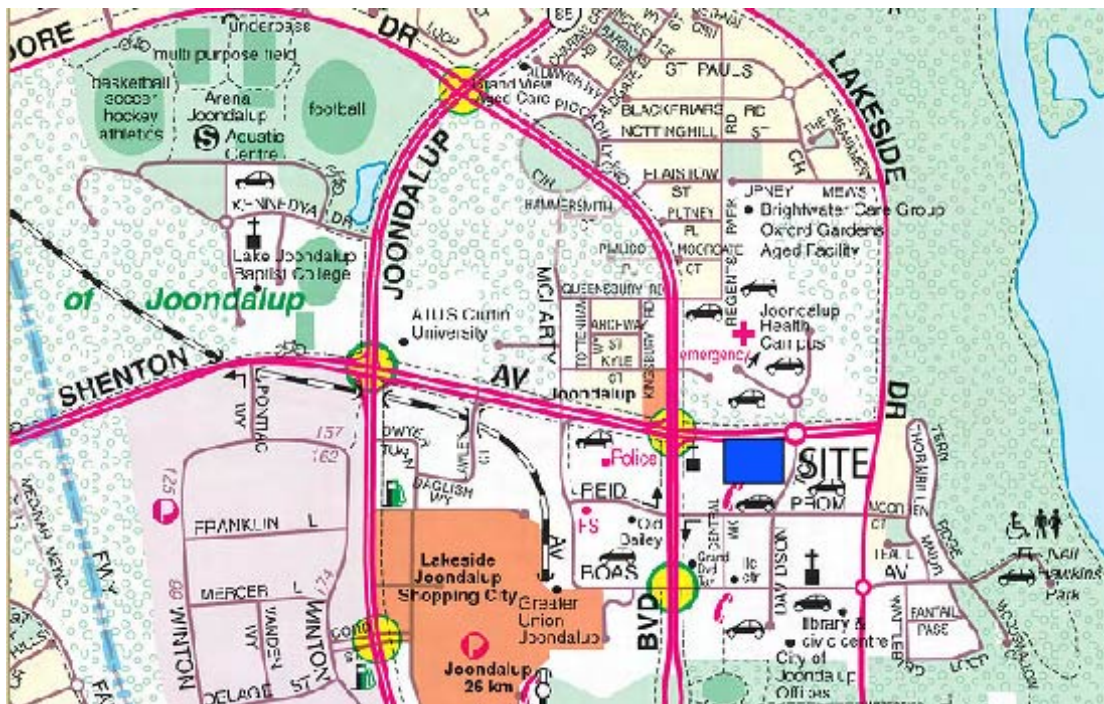


Figure 1 Study site.

The existing office development, approved in 1988, has a gross building area of 5,100 m<sup>2</sup> which is utilised by a number of tenants. The approved plan included 199 parking bays.

Current proposals include the development of the south east corner of the site, which when completed will provide 30 beds on each of the first and second floors (total of 60 beds) for psychiatric patients, 7 GP rooms individual consultation rooms with a possible increase by 4 rooms in the future, located on the ground floor, and separate tenancies facing Davidson Terrace which comprise a pharmacy and 3 other medical support consultancies.

The existing office building will remain and will continue to function as at present. The proposed layout is shown on Figure 2.



Figure 2 Proposed Development.

## 2. Existing traffic environment.

### 2.1. General.

Reid Promenade and Davidson Terrace are both classed as local access roads while Shenton Avenue is classified as a District Distributor (A) road. Shenton Avenue provides access to the Joondalup Town Centre via Joondalup Drive which in turn connects to the Mitchell Freeway either by Hodges Drive or Ocean Reef Road. Shenton Avenue also provides connection to the western beach suburbs.

Shenton Avenue consists of a 4 lane dual carriageway separated by a landscaped median. Davidson Terrace and Reid Promenade are both 7.5 metres wide and are flanked with embayed on road parking bays. The intersection of Davidson Terrace and Shenton Avenue is controlled by a two lane roundabout, while the intersection of Davidson Terrace and Reid Promenade is configured as a standard 4 leg unsignalised intersection with stop signs giving priority to Davidson Terrace.

### 2.2. Traffic volumes.

Counts were undertaken during AM and PM peak hours at the Davidson Terrace – Shenton Avenue intersection and the Davidson Terrace – Reid Promenade intersection on the 15<sup>th</sup> November 2005. The results of those counts are summarised on Tables 1 and 2 below; turning movement numbers are identified on Figure 3.

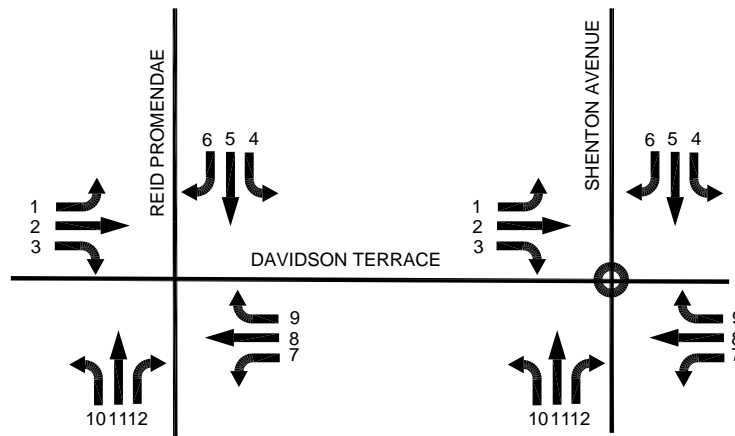


Figure 3 Turning Movement Numbers.



Intersection of Davidson and Reid.

Movement No. >	1	2	3	4	5	6	7	8	9	10	11	12
8:00	4	1	11	4	1	1	9	14	4	1	2	3
8:10	3	1	8	5	2	2	3	15	4	3	2	2
8:20	5	0	9	6	1	5	4	18	2	4	1	2
8:30	4	2	12	5	2	2	4	12	4	5	2	2
8:40	5	0	8	4	2	4	8	15	4	4	1	3
8:50	4	1	10	5	1	2	8	14	3	4	1	3
<b>Total.</b>	<b>25</b>	<b>5</b>	<b>58</b>	<b>29</b>	<b>9</b>	<b>16</b>	<b>36</b>	<b>88</b>	<b>21</b>	<b>17</b>	<b>9</b>	<b>15</b>
Movement No. >	1	2	3	4	5	6	7	8	9	10	11	12
4:00	7	1	16	2	2	4	3	10	4	3	2	3
4:10	2	1	17	4	3	4	3	17	1	2	4	1
4:20	4	1	17	2	4	1	3	16	4	3	0	5
4:30	5	1	15	3	4	2	4	15	3	3	5	5
4:40	4	2	15	2	3	3	2	16	4	5	4	2
4:50	2	1	18	4	3	4	2	18	4	3	2	1
<b>Total.</b>	<b>24</b>	<b>7</b>	<b>98</b>	<b>17</b>	<b>19</b>	<b>18</b>	<b>17</b>	<b>92</b>	<b>20</b>	<b>19</b>	<b>17</b>	<b>17</b>

Table 1 Turning Movement Volumes Davidson - Reid.

Intersection of Davidson and Shenton.

Movement No.>	1	2	3	4	5	6	7	8	9	10	11	12
8:00	20	0	4	31	16	16	3	9	0	3	15	13
8:10	18	3	4	28	15	16	4	8	3	5	16	8
8:20	15	1	6	33	11	19	5	10	25	4	14	8
8:30	15	3	5	35	14	18	4	10	25	4	14	11
8:40	18	3	6	30	19	19	5	8	26	5	15	10
8:50	19	3	4	24	16	19	4	9	31	3	11	13
<b>Total</b>	<b>105</b>	<b>13</b>	<b>29</b>	<b>181</b>	<b>91</b>	<b>107</b>	<b>25</b>	<b>54</b>	<b>110</b>	<b>24</b>	<b>85</b>	<b>63</b>
Movement No.>	1	2	3	4	5	6	7	8	9	10	11	12
4:00	14	1	3	25	24	9	13	6	26	8	24	4
4:10	13	5	5	11	16	10	8	9	35	11	16	9
4:20	15	1	3	10	15	19	10	15	30	13	31	4

Movement No.>	1	2	3	4	5	6	7	8	9	10	11	12
4:30	18	4	4	19	19	18	10	15	43	8	30	6
4:40	13	4	4	13	18	9	9	10	39	11	23	6
4:50	15	3	3	11	15	15	11	13	34	10	31	8
Total	88	18	22	89	107	80	61	68	207	61	155	37

Table 2 Turning Movement Volumes Davidson - Shenton.

Based on the recorded hourly peak flows, the daily traffic volumes of the surrounding streets can be estimated as:

Shenton Avenue west of Davidson Terrace:	7,100 vpd.
Davidson Terrace south of Shenton Avenue:	4,300 vpd
Davidson Terrace north of Reid Promenade:	1,800 vpd
Reid Promenade west of Davidson Terrace:	400 vpd

### 2.3. Parking provision.

In order to identify any parking deficiencies associated with the existing site, and to assess the integrity of predicted needs, parking utilisation of the existing parking area was surveyed over a number of separate periods midweek and on a Sunday. The off street parking for the existing site is shown on Figure 4.

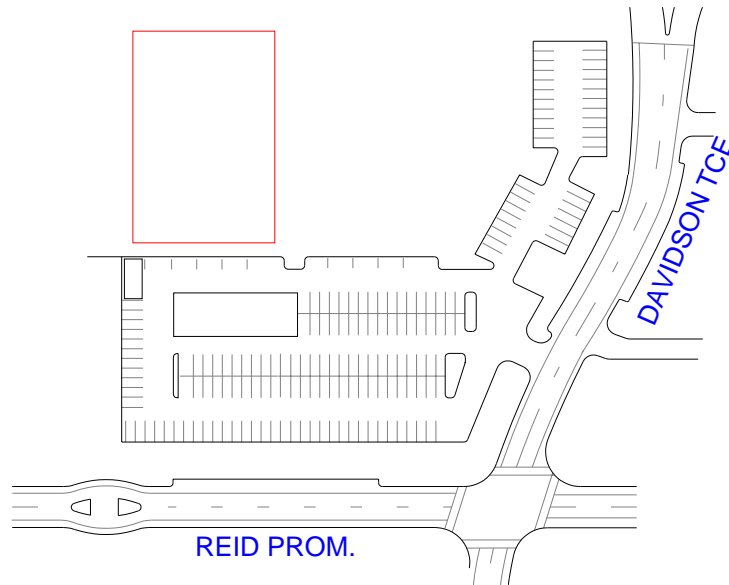


Figure 4 Existing onsite parking.

Recorded utilisation of the available parking, together with an estimated utilisation rate for the parking area in the Joondalup Medical Campus on the north side of Shenton Avenue is shown on Table 3 below.

Period	Existing site parking area. Bays occupied. (% counted)	Medical Campus parking. Bays occupied. ( % Estimated)	On road parking bays. Bays occupied. ( % Estimated)
Tues 08:00	85%	60%	75%
Tues 09:00	95%	80%	100%
Tues 15:00	100%	80%	95%
Tues 17:00	70%	80%	80%
Sun 11:00	25%	45%	0%
Sun 14:00	30%	50%	0%

Table 3 Parking Utilisation Existing Site.

The parking survey generally indicated that onsite bays were heavily utilised on weekdays with approximately 33% of available bays utilised on a Sunday. During weekdays it was noted that a number of bays were occupied by pool vehicles associated with the Disability Services Commission who are tenants in the existing office building. As these pool vehicles are not used





for commuting use, the demand for bays would be expected to increase in response to the need to cater for typical office personnel and visitor parking numbers plus parking requirements for pool vehicles. This situation is atypical and not normally associated with office buildings and leads to an unrealistic parking demand. It is expected that upon redevelopment and relocation of the Disability Services Commission, utilisation will drop to more typical patterns as bay demand decreases.

#### 2.4. Crash history.

A review of the MRWA intersection crash rankings on their website indicates the following crash history for the intersections adjacent to the site.

Shenton – Davidson.

Crash Details										
Rear End	Side Swipe	Right Angle	Right Thru	Wet	Night	Ped	Cycle	Truck	Motorcycle	Casualty
2	0	0	0	0	0	0	0	0	0	0

Davidson – Reid.

Crash Details										
Rear End	Side Swipe	Right Angle	Right Thru	Wet	Night	Ped	Cycle	Truck	Motorcycle	Casualty
0	2	6	0	1	3	0	0	0	1	2

No atypical patterns are evident.

### **3. Future traffic generation and impacts.**

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#### **3.1. Traffic generation.**

Generation from the existing and proposed development is based on the RTA<sup>1</sup> Guide to Traffic Generating Developments or where generation rates are not shown in the RTA publication, the ITE<sup>2</sup> Generation rates. These give the following:

Office space	- Daily Vehicle Trips	10 per 100 m <sup>2</sup> GFA;
	- Evening Peak Hour Vehicle Trips	1.0 per 100 m <sup>2</sup> GFA.
Private Hospital <sup>3</sup>	- Peak Vehicle Trips	-22.07+1.04B;
	- Morning Vehicle Trips	-12.41+0.57B;
	- Evening Vehicle Trips	-11.96+0.69B;
Consulting Rooms	- Daily Vehicle Trips	36 per 90 m <sup>2</sup> GFA;
	- Peak hour trips	2.48 per 90 m <sup>2</sup> GFA;
Café	- Daily Vehicle Trips	60 per 100 m <sup>2</sup> GFA;
	- Peak hour trips	5 per 100 m <sup>2</sup> GFA
Pharmacy <sup>4</sup>	- Daily Vehicle Trips	97 per 90 m <sup>2</sup> GFA
	- Peak hour trips	3.20 per 90 m <sup>2</sup> GFA
Medical consultancies <sup>5</sup> .	- Daily Vehicle Trips	36 per 90 m <sup>2</sup> GFA;
	- Peak hour trips	2.48 per 90 m <sup>2</sup> GFA;

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<sup>1</sup> Road Traffic Authority of New South Wales.

<sup>2</sup> Institute of Transport Engineers, USA.

<sup>3</sup> ITE Rates state 3 trips per bed, 1,75 trips per 90 m<sup>2</sup> Sunday peak.

<sup>4</sup> ITE Rates

<sup>5</sup> Type of tenancy is pharmacy and medical support such as radiographer, physiotherapist etc.

Predicted generation from the proposed facility are shown on Table 4 below.

Landuse.	Generation rate.	Quantity.	Predicted daily trips.	Predicted hourly peak trips.
Existing office space	Daily -10 trips per 100 m <sup>2</sup> Peak - -10 trips per 100 m <sup>2</sup>	5,100 m <sup>2</sup>	510	51
Proposed hospital	-22.07+1.04B – Peak hour	60 beds	180 <sup>6</sup>	40
Consulting Rooms	Daily - 36 per 90 m <sup>2</sup> Peak hour - 2.48 per 90 m <sup>2</sup>	255 m <sup>2</sup>	102	7
Café	Daily - 60 per 100 m <sup>2</sup> Peak hour - 5 per 100 m <sup>2</sup>	88 m <sup>2</sup>	53	4
Pharmacy	Daily - 97 per 90 m <sup>2</sup> Peak hour - 3.20 per 90 m <sup>2</sup>	112 m <sup>2</sup>	120	4
Medical consultancies.	Daily - 36 per 90 m <sup>2</sup> - Daily Peak Hour - 2.48 per 90 m <sup>2</sup>	228 m <sup>2</sup>	92	6
Total			1057	112

Table 4 Predicted Traffic Generation from Existing Site.

As the existing office is to remain operational, the predicted trips will be in addition to the flows from the existing site. On that basis the total traffic load predicted is as shown on Table 5 below.

Generator	PM Peak	Daily Traffic
Existing site.	51	510
Proposed site.	61	547
Total	112	1057

Table 5 Predicted Traffic Generation.

As the PM peak movements are highest these are adopted for assessment. Existing PM peak flows through the intersections are shown on Figure 5 below.

<sup>6</sup> ITE estimate.

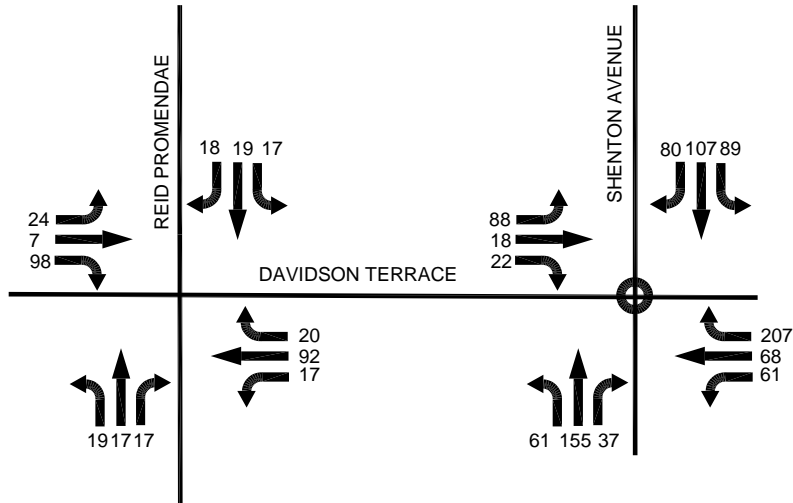


Figure 5 Existing PM peak Intersection Turning Movements.

Traffic assignment assumes that of the additional peak hour trips, about 67% will move to and from Shenton Avenue and 34% to and from Reid Promenade with the majority of trips being exit trips from the site. On that basis the following traffic assignment can be predicted.

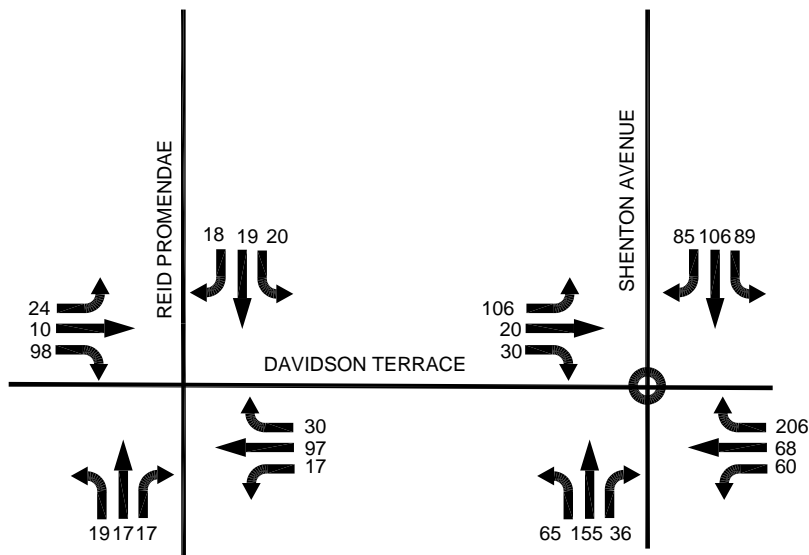


Figure 6 Predicted PM peak Intersection Turning Movements.

Assessment of the intersections were undertaken using the SIDRA software and the results of that analysis are shown on Table 6 and 7.

Mov No	Turn	Dem Flow (veh/h)	%HV	Deg of Satn (v/c)	Aver Delay (sec)	Level of Service	95% Back of Queue (m)	Prop. Queued	Eff. Stop Rate	Aver Speed (km/h)
<b>Davidson Terrace south</b>										
1	L	25	4.0	0.100	8.9	LOS A	4	0.26	0.50	47.8
2	T	11	5.3	0.100	8.3	LOS A	4	0.26	0.59	48.3
2	R	103	5.3	0.100	8.3	LOS A	4	0.26	0.59	48.3
<b>Approach</b>		<b>139</b>	<b>5.0</b>	<b>0.100</b>	<b>8.4</b>	<b>LOS A</b>	<b>4</b>	<b>0.26</b>	<b>0.57</b>	<b>48.2</b>
<b>Reid Promenade east</b>										
4	L	20	5.0	0.077	10.5	LOS B	3	0.34	0.61	46.8
5	T	18	5.6	0.077	10.0	LOS A	3	0.34	0.69	47.2
5	R	18	5.6	0.077	10.0	LOS A	3	0.34	0.69	47.2
<b>Approach</b>		<b>56</b>	<b>5.4</b>	<b>0.077</b>	<b>10.1</b>	<b>LOS B</b>	<b>3</b>	<b>0.34</b>	<b>0.66</b>	<b>47.0</b>
<b>Davidson Terrace north</b>										
7	L	18	5.6	0.087	8.5	LOS A	4	0.13	0.58	48.4
8	T	102	5.2	0.087	2.2	LOS A	4	0.13	0.15	55.5
8	R	32	5.2	0.087	2.2	LOS A	4	0.13	0.15	55.5
<b>Approach</b>		<b>152</b>	<b>5.3</b>	<b>0.087</b>	<b>2.9</b>	<b>LOS A</b>	<b>4</b>	<b>0.13</b>	<b>0.20</b>	<b>54.5</b>
<b>Reid Promenade west.</b>										
10	L	21	4.8	0.080	10.3	LOS B	3	0.14	0.61	46.9
11	T	20	5.1	0.080	9.8	LOS A	3	0.14	0.66	47.4
11	R	19	5.1	0.080	9.8	LOS A	3	0.14	0.66	47.4
<b>Approach</b>		<b>60</b>	<b>5.0</b>	<b>0.080</b>	<b>10.0</b>	<b>LOS A</b>	<b>3</b>	<b>0.14</b>	<b>0.64</b>	<b>47.2</b>

Table 6 SIDRA results Davidson – Reid.

Analysis indicates a Level of Service (LOS) for the intersection of “A” with the lowest LOS for any leg of “B”. This indicates that the intersection will operate satisfactorily under peak flows. Average Delay for the intersection is predicted to be 6.8 seconds with the longest delay predicted to be 10.3 seconds on the Reid Promenade (west) left turn.



Mov No	Turn	Dem Flow (veh/h)	%HV	Deg of Satn (v/c)	Aver Delay (sec)	Level of Service	95% Back of Queue (m)	Prop. Queued	Eff. Stop Rate	Aver Speed (km/h)
<b>Davidson Terrace</b>										
1	L	112	5.4	0.137	9.1	LOS A	4	0.43	0.68	47.6
2	T	21	4.8	0.064	8.3	LOS A	2	0.45	0.63	48.5
3	R	32	6.2	0.064	13.0	LOS B	2	0.45	0.74	44.7
<b>Approach</b>		<b>165</b>	<b>5.5</b>	<b>0.137</b>	<b>9.7</b>	<b>LOS A</b>	<b>4</b>	<b>0.44</b>	<b>0.68</b>	<b>47.1</b>
<b>Shenton Avenue east</b>										
4	L	68	4.4	0.129	9.1	LOS A	6	0.45	0.67	47.6
5	T	163	4.9	0.129	7.9	LOS A	6	0.46	0.62	48.4
6	R	38	5.3	0.129	12.7	LOS B	6	0.46	0.73	44.8
<b>Approach</b>		<b>269</b>	<b>4.8</b>	<b>0.129</b>	<b>8.9</b>	<b>LOS A</b>	<b>6</b>	<b>0.46</b>	<b>0.65</b>	<b>47.6</b>
<b>Hospital access</b>										
7	L	63	5.1	0.341	10.7	LOS B	16	0.41	0.69	46.1
7	T	72	5.1	0.341	10.7	LOS B	16	0.41	0.69	46.1
7	R	217	5.1	0.341	10.7	LOS B	16	0.41	0.69	46.1
<b>Approach</b>		<b>352</b>	<b>5.1</b>	<b>0.341</b>	<b>10.7</b>	<b>LOS B</b>	<b>16</b>	<b>0.41</b>	<b>0.69</b>	<b>46.1</b>
<b>Shenton Avenue west</b>										
10	L	94	5.3	0.113	8.0	LOS A	5	0.20	0.60	48.7
11	T	112	5.4	0.113	6.7	LOS A	5	0.21	0.52	49.9
12	R	89	4.5	0.113	11.5	LOS B	5	0.21	0.67	45.7
<b>Approach</b>		<b>295</b>	<b>5.1</b>	<b>0.113</b>	<b>8.6</b>	<b>LOS A</b>	<b>5</b>	<b>0.21</b>	<b>0.59</b>	<b>48.2</b>
<b>All Vehicles</b>		<b>1081</b>	<b>5.1</b>	<b>0.341</b>	<b>9.5</b>	<b>LOS A</b>	<b>16</b>	<b>0.37</b>	<b>0.65</b>	<b>47.2</b>

Table 7 SIDRA results Davidson – Shenton.

Analysis indicates a Level of Service (LOS) for the intersection of “A” with the lowest LOS for any leg of “B”. This indicates that the intersection will operate satisfactorily under peak flows. Average Delay for the intersection is predicted to be 9.5 seconds with the longest delay predicted



to be 13.0 seconds on the Davidson Terrace right turn.

Results compare favourably with Main Roads WA criteria, which require intersections to operate at a minimum LOS of C with no leg of the intersection having a LOS less than D.

### 3.2. Parking requirements.

Based on the RTA Guide to Traffic Generating Developments, and the ITE Generation guide, the parking needs of the site following redevelopment have been determined using the following rates:

Office space	1 per 40 m <sup>2</sup> GFA.
Private Hospital	-26.52 + 1.18 B.
Consulting Rooms	3 per surgery <sup>7</sup> .
Café	15 per 100 m <sup>2</sup> GFA.
Pharmacy.	97 per 90 m <sup>2</sup> GFA.
Medical Consultancies.	3 per surgery.

Based on these requirements the parking needs are assessed as shown on Table 8

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<sup>7</sup> RTA rate for professional consulting rooms. ITE rate - 1 per doctor + 2 per room

Occupancy	Rate	Quantity	Requirement
Office space	1 per 40 m <sup>2</sup> GFA.	5,100 m <sup>2</sup>	128
Private Hospital	-26.52 + 1.18 B.	60 beds.	45
Consulting Rooms	3 per surgery.	11 <sup>8</sup> rooms	33
Café <sup>9</sup>	15 per 100 m <sup>2</sup> GFA.	178 m <sup>2</sup>	27
Pharmacy	1 per 35 m <sup>2</sup> GFA.	112 m <sup>2</sup>	3
Medical consultancies	3 per consultancy.	228 m <sup>2</sup>	9
Total required			245

Table 8 Parking requirements.

Advice from the City of Joondalup indicates the following:

For the proposed hospital, the parking requirement under DPS2 is 1 bay per 3 patients accommodated plus 1 space for each staff member on duty.

Parking for the existing office development based on the planning approval granted in 1988, did not specifically identify the required number of parking bays, however, documentation submitted by the applicant suggested that for the existing building the then parking requirement was 1 bay per 30 m<sup>2</sup> gross building area, which equated to 170 parking bays. The approved plan dated 13/4/1988 included 199 parking bays.

Construction of the proposed hospital would result in the deletion of a number of existing bays and the addition of new bays; however this results in an overall increase in available bays giving a total of 250 bays on site (deck – 105, ground – 129, at entry – 16). As such the parking provision is in excess of the calculated demand need. It is also noted that the current carpark often has spare capacity suggesting that the provision of car park bays exceeds demand. With the proposed new land use there will also be a number of dual purpose trips, for example those visiting the consulting rooms may also visit the pharmacy and the café in the same trip. As the parking demand is based on single purpose trips to each separate land use, it is likely that the aggregated

<sup>8</sup> Provision for proposed 7 GP rooms plus possible future 4 GP rooms.

<sup>9</sup> Includes provision for al fresco dining area.





parking demand overstates the total demand as it does not allow for dual purpose trips.

## **4. Summary.**

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### **4.1. Traffic impacts.**

Assessment of the proposal indicates that impacts associated with the redevelopment are predicted to be small in magnitude and manageable, and that the performance of the road network will not be compromised.

Traffic generation from the redeveloped site is predicted to result in only minor additional loads on the intersections of Davidson Terrace and Reid Promenade and on Davidson Terrace and Shenton Avenue, and modelling of these intersections indicates that they will operate at acceptable levels of service following re-development of the site.

### **4.2. Parking.**

Assessment of the likely demand for parking indicates a need for approximately 245 bays. As the proposed development plans to provide a total of 250 bays, parking demand is satisfied. Additionally it is considered that given the likelihood of dual purpose trips to a number of different land uses in the centre, and the removal of pool vehicle parking associated with the current office tenant, parking demand as assessed will overstate the actual required demand further increasing the availability of parking at the redeveloped site.

### **4.3. Safety.**

Access to and from the site and movements within the site are considered to be safe. Intersections adjacent to the site record low crash histories and additional traffic is not considered to increase the potential risk to road users by any measurable amount.

Internal parking areas and access roads are designed to appropriate standards and no issues with regard to use of these facilities are identified.