

Urban Design Review

for Ku-ring-gai Council

DA0327/13 742, 746-748 Pacific Highway, Gordon The Lawson Clinic

AMENDED PLANS – Draft Comments REVISION 1

Report Date: 21 March 2014

The applicant has submitted draft amended architectural plans following concerns raised by Council and subsequent meeting with the applicants.

The following preliminary urban design comments reflect our consideration of the draft amended proposal in context of urban design deficiencies identified in the Development Application. For efficiency, the comments reference Council's email (Jonathon Goodwill) dated 12th March 2014 that summarised the main issues identified in the previous urban design review are in ***italics***. Our response then follows.

Please note that the quality of pdfs did not provide legible text for much of the documents reviewed, so some comments may be addressed with clearer images.

1. The retention of the dwelling at 742 Pacific Highway has prevented the development of a robust site strategy due to conflicting design considerations that cannot be resolved due to the ambitious accommodation requirements. The density and bulk is concentrated into a small area of the site, which results in inadequate setbacks, insensitive relationship with the heritage items and neighbouring dwelling (22 St Johns Avenue) and poor relationship to landscape spaces. The hospital building is forced to the highest part of the site which increases the amount of excavation required for the carpark and impacts negatively on the setting of Windsor House. Usable outdoor spaces are not able to be accommodated and there is a poor internal/external relationship for the hospital. The main landscape space is separate from the hospital and opportunities to enjoy this space from within the building are limited.

Amendments propose to demolish the dwelling on 742 Pacific Highway and extend the building footprint of the proposed clinic.

This supported in principal.

It potentially frees up the site to optimise site arrangement, to locate the clinic so that it better engages with the interface considerations of the heritage item, Windsor House (748 Pacific Highway), neighbouring heritage items and Heritage Conservation Area (St Johns Precinct), and zone interface with R2 zone detached dwellings to the west – in particular 22 St Johns Avenue.

However, the amended scheme appears to have made minimal changes to site arrangement of the built form as it addresses the neighbouring properties. Changes to the setback along the northern boundary to the neighbouring HCA (St John's Church Precinct) appear to be minimal although it is claimed they have been increased^{*1} as has the setback to the western boundary.

There has been a lost opportunity to provide a setting for the proposed clinic that would have removed the built form pressure that remains concentrated at the north-western corner of the site.

Arguably, the impact from the extended building footprint as well as removing the internal courtyard (previously over a car park void) has increased the building mass and scale. While it is acknowledged that topography is slightly higher on the adjacent St Johns site, and there is some overshadowing caused by the existing 'op-shop' timber building, there are opportunities to better engage the north-western corner of the subject site as it relates to the neighbouring historic cemetery and heritage items.

Demolishing 742 Pacific Highway provided the opportunity to pull the building to the south and position it more comfortably on the site taking full advantage of the many site attributes and providing opportunities to address the pressure identified in the previous scheme. However, this has not occurred.

This opinion is further reinforced because of the remaining poor relationship both of internal functions and floor level both for the north-western corner and for the new southern components of the clinic.

A proposed internal deck area may have merit. However, it firstly appears to be inaccessible, it has no relationship the internal functions of the clinic, overall internal depth appears to locate it deeply internal to the building (text is illegible to the east of the deck so it

^{*} We note that the measurements to the northern boundary are not taken perpendicular to the site boundary. Rather they are perpendicular to the building wall.

is unclear what this space is to be), there is a poor indoor/outdoor engagement, and there appears to be no clear means to access it other than through the car space.

A large storage room is located along the southern wall that breaks the relationship of the deck to the generous southern garden. It is also noted that a predominantly south-facing deck would be unusable during the winter months in Sydney should an open deck be proposed.

Generally, there remains a poor internal-external relationship of the proposed building to the landscape.

2. Pedestrian access is poor as it is not separate from the vehicular access and the location of the building entry is not clear.

This has been better addressed in the proposed amendments. A dedicated pedestrian path has been provided, albeit is not direct, rather it follows the perimeter of the Windsor House at-grade car park. However, there is potential for a landscaped pedestrian access from the Pacific Highway.

Amendments to the Lawson Clinic entry achieve a clearer definition that gives the building a sense of address (even though it would still appear that the main anticipated use of the building will be by patients and visitors arriving by car and entering from the basement).

The site strategy has not adequately addressed pedestrian movement around the site. Again, the amendments are superficial and have not adequately analysed how pedestrian movements are expected to occur around the site.

For instance, how is the southern car park linked to the building. It appears a series of walls separates this car park from the main vehicular driveway (746 Pacific Highway), and there appears to be no pedestrian access to the building at this point. This further relates to the lack of coordination and resolution of proposed floor levels and internal functions as they meet the various ground levels.

3. Building separation to neighbouring buildings are inadequate to provide for trees along the northern and north-western boundaries.

Separations appear to have been increased to the western boundary but the quality of the pdf images makes the dimensions illegible. Further comment can be made with high resolution images.

Changes to the setback to the northern façade appear to be minimal. Likewise, the opportunity to use this as a significant outdoor space have not been adequately pursued. However, should there be operational issues for this, they need to be provided.

4. *There is an ambiguous definition between public, communal, and private spaces within the proposed development. There are no clear site lines to building entries, no clear way-finding to areas that are freely accessible or off limits. While it is a private hospital facility, there needs to be a clear hierarchy established for how the spaces are to function and how public visitors and private patients are managed spatially as they move through the site and or the hospital.*

Sight lines have been improved but there still appear to be ambiguities with how people and goods move through the building.

How does the deck area work; How are items moved from the southern storage area around the building; How are daily food deliveries for the kitchen handled once on site; By whom and how is the primary outdoor space to the south used; how is the southern garden area connected in real term to the functions of the clinic; how to visitors and patients access this space in real term; what is that journey like – are all questions that are not clearly answered in the scheme.

5. *The proximity of the hospital to the dwelling at 742 Pacific Highway is unacceptable. There is no engagement of built form, façade expression, or internal planning layouts. They sit as isolated incompatible building forms.*

This has been resolved with the proposed demolition of the building at 742 Pacific Highway.

The increased building footprint will have a greater impact upon the neighbouring property at 22 St Avenue. While there has been articulation of the façade, there is minimal articulation to the actual massing.

It is suggested that further work be carried out to break up the massing of the built form to better engage with the scale of the adjacent R2 zone.

While it is acknowledged the building type for the proposed clinic is consistent with an institutional health care building, more attention is required to consider the visual impact to

properties to the west in the neighbouring R2 zone. This would not be such an issue if the adjacent properties were zoned to high density.

6. Façade composition does not adequately demonstrate a consistent language between the internal design and external considerations. This results in elements that appear arbitrary (such as vertical battens on some windows but not others; similar treatment of west facing openings as south facing; the position, alignment of different materials and use of sheet metal cladding). Facades appear to have been treated as a flat singular surface that has not adequately considered the relationship of materials or architectural elements as they round the corners of the proposed building form. This is particularly important for a building that will be viewed from various locations and with heritage considerations from multiple perspectives.

Amendments have been made to the composition of elevations consistent with the amended building envelope.

The treatment of the northern façade massing has attempted to provide additional articulation that needs further analysis to demonstrate the relationship to the adjacent heritage item at St Johns. The scale of the articulation and how it responds to the item needs to be supported with additional information as it is unclear in the information reviewed.

Remaining problematic is the change to the structural order at the southern end of the building with a language more attune to timber frame pole construction – which could make sense for a deck as indicated, however the deck is an undercroft below an essentially concrete frame building and does not make compositional sense. Likewise the deck does not make programmatic sense located here as per previous comments.

There has been attention to the expression of the main building entry that is supported.

There has been an attempt to better engage Windsor House by activating the car park as frontage to the proposed clinic that could work well.

More information is required to demonstrate how Windsor House and the proposed clinic are engaged as coordinated parts within the subject site, and how they relate to the Heritage Conservation Area – such as view corridors, interpretation of height datum, analysis and interpretation of materials, architectural and urban fabric composition, location of proposed buildings. This information has not been provided in the documents reviewed.

Summary of Key Issues

- a) Site Strategy and arrangement – more work required to demonstrate an integrated plan that sets out clear, coordinated, holistic hierarchical strategies for heritage, open space and landscape, massing, entries and access, pedestrian network, orientation, privacy, internal planning, relationship of built form to the ground plane etc.
- b) Heritage – within and adjoining the site. Lack of clear engagement, reference to or deference to heritage considerations. This may be present but is not readily communicated in the proposed amendments (see item (e) also).
- c) Articulation of massing in the relationship to R2 zone – also overlaps with heritage and privacy concerns to 22 St Johns Ave. Scale of proposed extended building requires more deeply articulated built form particularly to the western side.
- d) Landscape and setting – relationship of the ground floor functions/floor levels and landscape remains poorly resolved, setting for Windsor House improved and needs layer of the landscape treatment to enable a full review, relationship and access to outdoor spaces (all overlaps with needing a robust site strategy and structure plan)
- e) Aesthetics – consistent with a contemporary expression of and use of materials. There still remains an ambiguous expression of the relationship externally to a hierarchy of spaces/functions of the internal planning. There still needs to be rigorous heritage analysis regarding the proposed composition of architectural elements and use of materials as they relate to heritage.

Improvements supported:

- demolition of 742 Pacific Highway
- redesigned building entry and better integration of the at-grade Windsor House car park
- dedicated pedestrian access although this needs to be clear, and well landscaped so it communicates a main pedestrian entry rather than a side path – footpath could be wider and use of signage will be important to maintain the visual cues so it does not appear as a 'side entry' from the street.
- Removal of the fire walls – although more information on landscape treatment is required to enable full review.

ADDITIONAL COMMENTS

1 Heritage

Form

Infill design must be integrated into the established character of the HCA and, must incorporate design elements such as the characteristic roof form, massing, facade heights, proportions of windows, doors and verandahs of contributory buildings in the HCA, particularly neighbouring buildings from the same key development period.

(DCP Heritage and Conservation Areas)

The building footprint does not demonstrate these items have been adequately considered.

There is a lack of rigour demonstrated in the composition across the northern boundary such that while there is articulation, it does not communicate an engagement, acknowledgement, deference to the heritage items' and HCA design elements.

The bay component aligned to the northern boundary appears as an after-thought to address the heritage item rather demonstrating it is an integral architectural component of the proposed built form.

It is the only part of the building alignment to pick up the adjacent heritage item alignment and does not appear to be derived from the relationship between the heritage item as a response to the internal layout of the proposed clinic.

Should the applicant disagree with this opinion, they will need to provide a heritage design analysis that demonstrates how the proposed building has considered those items listed in the DCP.

We acknowledge that section drawings have picked up the eaves height of the adjacent heritage item of the op-shop as a datum for the clinic's floor level but that needs to be demonstrated consistently in plan, section and composition of both massing and facade. This does not mean a pastiche of the heritage items. We would anticipate the aesthetic for the proposed clinic would be contemporary but be demonstrating a compositional order that has engaged with the heritage items and considered the site arrangement of built form to space (analysis of the figure-ground relationship of all items).

2 Setbacks

The DCP does not specifically deal with hospital type buildings in this R4 zone so my interpretation is based on a reading of the intent of the DCP in the R4 zone.

- **northern boundary** setbacks are not annotated as perpendicular to the boundary alignment or have not been located at the building face so are inaccurate.

The required DCP setbacks of 12m between new development and a heritage item are not achieved. However, analysis of the heritage items in St Johns Church Precinct should be provided should a variation be sought. The timber 'op-shop' building adjacent to the subject site is quite close to the boundary and does not, as such, address the subject site - openings are oriented to the north east and west and this space is used for storage of waste items. The existing dwelling at 746A Pacific Hwy is also close to the boundary. Therefore, there is a merit-based argument to reduce the setback requirement. Any variation to required setbacks places more onus on how the proposed built form of the clinic responds to the design criteria listed in 1 Heritage above.

- Clause 7A.1 (5(i) of the DCP RFB requires minimum setbacks of 6m to side boundaries. This itself has not been achieved regardless of heritage considerations. It is unclear why not, when the building can be easily moved to the south now that 742 Pacific Hwy is to be demolished. This again indicates deficiencies in the site arrangement and site strategy.

- **western boundary** setbacks are inconsistently annotated.

As an interface site, upslope of the adjacent R2 zone, the western setback requirement in the R4 zone is 9m. This has not been achieved, however, we consider 6m is adequate at the lower levels given the overall development is three storeys.

However, the amendments have increased the proposed building bulk, which requires further consideration be made to the depth of articulation so that the impact of the increased massing across the western face is better addressed – see Clause 7A.1 9(i) - (however, we note Figure 7A.1-6 indicates slightly different requirements to that stated in the text.)

Therefore, we suggest setting the third storey back at the north-west corner to help negate the impact to 22 St Johns Ave as well as meeting the setback requirements to the northern boundary will help relieve the development pressure being placed on the north-west corner as it relates to the HCA.

3 Massing

The massing of the southern part of the building appears as a tacked on piece that does not relate to the architectural language of the rest of the building nor, as noted in our report, does it relate well to the ground plane either in form or in function.

These additional comments are to be read in conjunction with our urban design review.