

## 1.1.1 DA0331/2014 – Proposed Demolition of the Old Gulgong Hospital – Lots 195 and 196 DP755434, 34 Goolma Road Gulgong

REPORT BY THE MANAGER STATUTORY PLANNING TO 23 JULY 2014 COUNCIL MEETING  
Report DA0331\_2014 Gulgong Hospital demolition  
GOV400038, DA0331/2014

### RECOMMENDATION

That:

1. the report by the Manager Statutory Planning on the DA0331/2014 – Proposed Demolition of the Old Gulgong Hospital – Lots 195 and 196 DP755434, 34 Goolma Road Gulgong be received;
2. Development Application 0331/2014 for the demolition of the Old Gulgong Hospital on Lots 195 and 196 DP755434, 34 Goolma Road Gulgong be approved with the following conditions to be referred to the Minister for concurrence prior to determination of the application;

### APPROVED PLANS CONDITIONS

1. Development is to be carried out generally in accordance with stamped plans Project Number 11216802, Drawing No. A\_1000\_A02 by Woodhead Architects and Statement of Environmental Effects by NSW Health Infrastructure and Woodhead Architects except as varied by the conditions listed herein. Any minor modification to the approved plans will require the lodgement and consideration by Council of amended plans. Major modifications will require the lodgement of a new development application.

### PRIOR TO THE COMMENCEMENT OF WORKS – BUILDING

2. The site shall be provided with a waste enclosure (minimum 1800mm X 1800mm X 1200mm) that has a lid or secure covering for the duration of the construction works to ensure that all wastes are contained on the site. The receptacle is to be emptied periodically to reduce the potential for rubbish to leave the site. Council encourages the separation and recycling of suitable materials.  
**NOTE: ALL WASTE GENERATED FROM THE CONSTRUCTION PROCESS IS TO BE CONTAINED ON-SITE**
3. A sign must be erected in a prominent position on any work site on which involved in the erection or demolition of a building is carried out;
  - a) stating that unauthorised entry to the work site is prohibited, and
  - b) showing the name of the person in charge of the work site and a telephone number at which that person may be contacted outside working hours.
  - c) the name, address and telephone number of the principal certifying authority for the work,
  - d) The sign shall be removed when the erection or demolition of the building has been completed.

4. An historic and photographic record of the buildings located on site is to be prepared and submitted to Council in accordance with NSW Heritage Office guidelines prior to the commencement of demolition works.
5. The development site is to be managed for the entirety of work in the following manner:
  - Erosion and sediment controls are to be implemented to prevent sediment from leaving the site. The controls are to be maintained until the development is complete and the site stabilised with permanent vegetation;
  - Appropriate dust control measures;
  - Construction equipment and materials shall be contained wholly within the site unless approval to use the road reserve has been obtained;
  - Toilet facilities are to be provided on the work site at the rate of one toilet for every 20 persons or part of 20 persons employed at the site.
6. A demolition management plan is to be prepared and submitted to Council for approval prior to the commencement of works. The plan shall detail;
  - Preservation of any archaeology uncovered;
  - Reuse and recycling of material;
  - Haulage times and routes;
  - Mitigation measures for dust and noise nuisance;
  - Complaint handling procedure;
  - Disposal and handling of hazardous material;
  - Isolation of the beehive well during demolition work;
  - Any other matter deemed appropriate.

#### **DEMOLITION WORK**

7. Demolition work noise that is audible at other premises is to be restricted to the following times:
  - Monday to Saturday - 7.00am to 5.00pmNo construction work noise is permitted on Sundays or Public Holidays.
8. The licensed demolition contractor and/or principal contractor must comply with the following specific requirements in respect of the proposed demolition works:-
  - a) Demolition work is not be undertaken until:
    - Council has been provided with a copy of any required Hazardous Substances Management Plan;
    - The licensed demolition contractor and/or principal contractor has inspected the site and is satisfied that all measures are in place to comply with the provisions of such Plan;
  - b) The removal, handling and disposal of any asbestos material (in excess of 10m<sup>2</sup>) is to be undertaken only by an asbestos removal contractor who holds the appropriate class of Asbestos Licence, issued by WorkCover NSW, and in accordance with the requirements of WorkCover NSW, the Work Health and Safety Act 2011 and Australian Standard 2601-2001

- c) All asbestos and other hazardous materials are to be appropriately contained and disposed of at a facility holding the appropriate license issued by the NSW Environmental Protection Agency;
  - d) Seven working days notice in writing is to be given to Council prior to the commencement of any demolition works. Such written notice is to include the date demolition will commence and details of the name, address, contact telephone number and licence details (type of licences held and licence numbers) of any asbestos removal contractor and demolition contractor.
9. All services (including water, sewer, electricity and telecommunications) are to be capped or decommissioned prior to the commencement of demolition works.

## GENERAL

The following conditions have been applied to ensure that the use of the land and/or building is carried out in a manner that is consistent with the aims and objectives of the environmental planning instrument affecting the land.

- 10. All waste generated by the proposed development shall be disposed of to an approved location in accordance with the Waste Minimization & Management Act 1995.
- 11. All work and associated equipment is to be contained wholly within the site.
- 12. The demolition is to be done in a manner that supports the principles of reuse and recycle to reduce the amount of waste to be transported to the Waste depot.
- 13. Any archaeological artefacts uncovered by the demolition work are to be preserved in accordance with the Demolition Management Plan and work is to cease until Council and the NSW Heritage Office have been notified and advice provided as to the recommencement of works.
- 14. The beehive well is to be retained as part of the re-landscaping proposal.

## Executive summary

<b>APPLICANT</b>	Health Infrastructure
<b>ESTIMATED COST OF DEVELOPMENT</b>	\$106,300
<b>REASON FOR REPORTING TO COUNCIL</b>	Unresolved submissions
<b>PUBLIC SUBMISSIONS</b>	Petition (736 signatures); 60 letters

The proposed development relates to the demolition of the remainder of the old Gulgong Hospital including the 1901 heritage listed section on Lots 195 and 196 DP 755434, 34 Goolma Road Gulgong.

Lots 195 and 196 DP 755434 are zoned SP2 Infrastructure under Mid-Western Regional Local Environmental Plan 2012 (LEP 2012). The hospital site includes the Gulgong Health One and Multi-Purpose (MPS) Facilities.

The subject development application is a Crown development and pursuant to Section 89 of the Environmental Planning and Assessment Act 1979 a consent authority cannot refuse an application or impose any conditions of consent without the Minister or Applicants' approval.

The application was advertised and notified for a three (3) week period and 60 letters and a petition containing over 700 signatures was received. The submissions centre around the heritage significance of the building and possible alternate uses.

The application is supported by a Statement of Heritage Impact that permits the proposed demolition. It should be noted that there were previous Heritage Impact Statements undertaken at the time of the new health facility buildings which indicated that the building had local significance and should be retained.

A Conservation Management Plan (CMP) was subsequently undertaken and it outlined the building's significance in precincts and allowed the demolition of later unsympathetic additions. This work has occurred during the construction of the MPS.

Council also sought its own heritage assessment of the application due to the conflicting Statements prepared by the applicant over various stages of the redevelopment of the Gulgong Hospital grounds. This assessment indicates that the building does have local significance and that the building should not be demolished, providing there is no other significant reason such as structural decay or health/safety issue associated with its retention.

Council is obliged to consider an application in accordance with Section 79C of the Environmental Planning and Assessment Act 1979 and heritage conservation is one of the matters to be considered. A consent authority is also required to consider the social and economic impact of the development and advice from the applicant as to cost of restoration is that this cost is significant. The significance of the building is as a hospital and with the construction of the Health One Facility and MPS, the building is unlikely to be used for this type of purpose in the future. It is therefore recommended that the application be approved and the proposed conditions of consent be forwarded to the Minister for endorsement.

## Detailed report

The application has been assessed in accordance with Section 79C(1) of the Environmental Planning & Assessment Act 1979. The main issues are addressed below as follows.

### 1. *REQUIREMENTS OF REGULATIONS AND POLICIES:*

#### **(a) *Provisions of any Environmental Planning Instrument and any draft EPI***

##### **Mid-Western Regional LEP 2012**

The land is zoned SP2 Infrastructure pursuant to Mid-Western Local Environmental Plan 2012. The objectives of the zone include;

- *To provide for infrastructure and related uses.*
- *To prevent development that is not compatible with or that may detract from the provision of infrastructure.*
- *To protect the water storage of Windamere and Burrendong Dams.*

The objective of zone are irrelevant to the subject application as the application is for the demolition of an existing building.

#### Clause 2.7 – Demolition requires development consent

An application has been received for demolition which complies with this clause.

## Clause 5.10 – Heritage Conservation

The Gulgong Hospital is identified as an item of environmental heritage pursuant to LEP 2012. The site of the former Hospital is outside of the Gulgong Conservation Area.

The building is also on the Section 170 Register under the Heritage Act 1977. This obliges any government agency or body to maintain the registered item in accordance with the State Owned Heritage Management Principles.

The Section 170 Register does not have any statutory weight in the assessment of the application and its requirements and obligations are on the Government Agency or body responsible for the item.

Clause 5.10 states that development consent is required for the demolition of a heritage item.

### **(1) Objectives**

- (a) to conserve the environmental heritage of Mid-Western Regional,*
- (b) to conserve the heritage significance of heritage items and heritage conservation areas, including associated fabric, settings and views,*
- (c) to conserve archaeological sites,*
- (d) to conserve Aboriginal objects and Aboriginal places of heritage significance.*

### **History of the Building**

*The building was built in 1901 in accordance with the design of the Government Architect. It was constructed after the gold rush period and peak of the Gulgong population. The original Gulgong Hospital was constructed on Church Hill and was a timber pole structure with a bark and canvas roof.*

*The building was constructed in brick and in the Federation Style. The building consisted of a central core of small wards, and two larger wards extending to the east and west.*

*In 1913, local architect, Harold Hardwick, was responsible for the new female and nurse's quarters.*

*1936, further additions were designed including a boiler room, operating theatre, and additional amenities, however, it appears as though the bathroom and toilets were only added.*

*In 1956 minor additions to the north east of the central wing occurred.*

*In 1963, the first of the detracting additions were constructed with the construction of an administration wing in front of the hospital which required the removal of the central gable feature.*

*In 1966, the nurse's quarters were demolished and new nurses quarters were constructed over the old tennis court. The west wing was extended in 1968 and in the 1980's the east wing was also extended<sup>1</sup>.*

The building has been altered over much of its history but has been a focal point for births and deaths within Gulgong for over a century.

### **Statement of significance**

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<sup>1</sup>John Blackwood Architects P/L – "Heritage Impact Statement – Gulgong Health One", December 2010. Page 8.

*An intrinsic part of the community through the Gold rush decade and the subsequent years, the old Gulgong Hospital has continually served the local community for 139 years and for more than a century on the subject site.*

*The 1901 hospital building was a major development during the consolidation of the town after the 1870s gold rush ended. A Government built hospital was an important marker that the town had a viable future. The 1901 core section of the hospital was designed by Government Architect, Walter liberty Vernon, and as originally built, was an excellent example of the Federation aesthetic.*

*The site also includes examples of the work of an early Mudgee Architect, Harold Hardwick. The removal of late twentieth century additions and the reconstruction of the original verandah would allow the building to be a significant landmark heritage building at one of the main entry pints into a historical town.*

*The landscape is an example of a modified European landscape with exotic species that is characteristic of the town as a whole. The original layout of the 1901 hospital can demonstrate a great deal about early hospital practice and how the medical profession has developed during the twentieth century. The layout of the original 1901 building remains largely intact and recoverable<sup>2</sup>.*

The proposed development is contrary to these provisions as it seeks to demolish a heritage item, however the nature of the item and the cost of restoring the item must also be taken into consideration. The heritage item is a large public building that would require a significant amount of resources to restore, is no longer easily utilised for a purpose with the construction of the Health One Facility and MPS, and would require the diversion of public health money away from treatment to restoration of a building.

#### **(4) Effect of proposed development on heritage significance**

*The consent authority must, before granting consent under this clause in respect of a heritage item or heritage conservation area, consider the effect of the proposed development on the heritage significance of the item or area concerned. This subclause applies regardless of whether a heritage management document is prepared under subclause (5) or a heritage conservation management plan is submitted under subclause (6).*

The effect of the proposed development (demolition) would be to destroy what significance is left. It is worth noting that the detailed statement of significance within the Heritage Impact Statement prepared by John Blackwood Architects P/L identifies the following;

- Aesthetic significance criterion is only just met with the 20<sup>th</sup> Century additions.
- Social significance criterion is not met.
- The 1901 section of the building would have high archaeological potential in the sub-floor surfaces.
- Rarity significance criterion is not met.
- Representativeness significance criterion only just met with 20<sup>th</sup> Century additions still intact.

The removal of the 20<sup>th</sup> Century additions has meant that the original 1901 building is far more visible but it also appears out of context in that the significance is substantially lost with the removal of the verandas. A fair amount of work would also need to be done to rectify the impact of later additions on the fabric of the original building.

#### **(5) Heritage assessment**

*The consent authority may, before granting consent to any development:*

- (a) on land on which a heritage item is located, or*
- (b) on land that is within a heritage conservation area, or*

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<sup>2</sup> Ibid, page 4

*(c) on land that is within the vicinity of land referred to in paragraph (a) or (b), require a heritage management document to be prepared that assesses the extent to which the carrying out of the proposed development would affect the heritage significance of the heritage item or heritage conservation area concerned.*

There is no doubt that the building has local significance to the town of Gulgong and the wider community of Mid-Western Regional Council, however as stated earlier in this report, the likelihood of a use being found for the building and the cost of restoration must also be considered.

Health Infrastructure has provided Council with a Quantity Surveyors report on the likely cost restoration and these costs are significant. The costs exceed \$2 million and whilst it can be argued that another organisation or person could do the work at less expense, the building is still owned by Health Infrastructure and they must consider this cost versus their day to day costs of providing health services to the State of New South Wales.

This will be considered in further detail in a later section of the report; however the assessment has narrowed the discussion down to a matter of heritage significance versus the economic and social costs of retention.

*(b) Provisions of any Development Control Plan or Council Policy*

Mid-Western Regional Development Control Plan 2013

There are no provisions within the DCP that are explicitly relevant to the subject application.

**2. IMPACT OF DEVELOPMENT**

***Built Environment***

The proposed development is unlikely to have any significant impacts on the streetscape or locality. The newly constructed Health One Facility and MPS have in one sense overtaken the site and the proposed demolition is unlikely to alter the character of the locality.

***Access, transport and traffic***

There will be a number of movements associated with the proposed demolition; however these can be controlled through the Demolition Management Plan.

Access to the site is from a State Highway and therefore it is considered that the local road network is capable of accepting the proposed traffic movements.

***Heritage***

The heritage significance of the building has been previously discussed. The item is listed in Council's LEP 2012 as an item of local significance. The site is located outside of the Gulgong Conservation Area.

The building is considered to have far more significance if the verandas were still intact and conversely this would also reduce the cost of restoration. The statement of significance identifies that the architectural and aesthetic significance were reduced through the later 20<sup>th</sup> Century additions and this is considered to be also true of the removal of the verandas.

The applicant has also provided costing's from a Quantity Surveyor as to the cost of restoration and these are significant. As the applicant also represents the NSW Health Service, there is an economic and social cost associated with proceeding with the restoration. Limited funds available for health services may need to be diverted away from health services to ensure the preservation of the building.

It is arguable as to whether the significance justifies these costs and unfortunately the fact that there is a newly constructed purpose built health service facility next door does not assist the argument. It is therefore considered that the applicant has demonstrated sufficient justification to allow demolition of the building.

### **Natural Environment**

The land has been used for the purposes of a hospital for over a century. It is largely disturbed and is unlikely to have any significance in terms of natural fauna or flora.

### **Social and Economic impact in the locality**

The social impact of the proposed development is largely mitigated by the construction of the Health One Facility and the MPS. The social significance of the old Gulgong Hospital was assessed as not meeting the Heritage criterion in the original Heritage Impact Statement.

The economic cost of the proposed demolition against the cost of restoration has been considered in the report elsewhere. It is worth noting that a Planning Principle devised by the NSW Land and Environment Court does deal with this issue. The Planning Principle is not strictly related to the subject matter but the questions it asks are considered relevant.

The Planning Principle is known as ***Helou v Strathfield Municipal Council (2006) NSWLEC 66*** and deals with the demolition of a contributory item (not specifically listed) in a conservation area and the impact on the area's significance. It must be noted that the argument is not that the Planning Principle applies as it certainly does not but that the questions asked are helpful in assessing an application for demolition.

<b>Question from Planning Principle</b>	<b>Relevance/ Answer</b>
1. <i>What is the heritage significance of the conservation area?</i>	High but not relevant to this matter.
2. <i>What contribution does the individual building make to the significance of the conservation area? The starting point for these questions is the Statement of Significance of the conservation area. This may be in the relevant LEP or in the heritage study that led to its designation. If the contributory value of the building is not evident from these sources, expert opinion should be sought.</i>	Not relevant.
3. <i>Is the building structurally unsafe? Although lack of structural safety will give weight to permitting demolition, there is still a need to consider the extent of the contribution the building makes to the heritage significance of the conservation area.</i>	Not known to be structurally unsafe.
4. <i>If the building is or can be rendered structurally safe, is there any scope for extending or altering it to achieve the development aspirations of the applicant in a way that would have a lesser effect on the integrity of the conservation area than demolition?</i>  <i>If the answer is yes, the cost of the necessary remediation/rectification works should be considered.</i>	Can be restored to permit health related or similar uses.  Cost has been put at over \$2 million.
5. <i>Are these costs so high that they impose an unacceptable burden on the owner of the building? Is</i>	The applicant has no known use for the building given its investment in the



Question from Planning Principle	Relevance/ Answer
<i>the cost of altering or extending or incorporating the contributory building into a development of the site (that is within the reasonable expectations for the use of the site under the applicable statutes and controls) so unreasonable that demolition should be permitted?</i>	Health One Facility and MPS.  The cost is considered unreasonable for the applicant to sustain especially given that there is no future use identified.
<i>If these costs are reasonable, then remediation/rectification (whether accompanied by alteration and/or extension or not) should be preferred to demolition and rebuilding.</i>	Not applicable as cost is considered to be unreasonable.
6. <i>Is the replacement of such quality that it will fit into the conservation area?</i>	Not relevant.
<i>If the replacement does not fit, the building should be retained until a proposal of suitable quality is approved.</i>	

The purpose of providing an extract of the Planning Principle and Court judgement is to purely outline that the NSW Land and Environment Court do consider matters of cost when considering heritage. This is the only purpose of citing the Court judgement and as noted earlier there is no attempt to claim that the judgement is specifically related to the subject application.

### 3. SUITABILITY OF SITE FOR DEVELOPMENT

#### (a) Does the proposal fit in the locality

The building is a landmark building in the locality; however its demolition would not have any significant impact as there is no health precinct or associated buildings other than the newly constructed Health One Facility and MPS.

#### (b) Are the site attributes conducive to development

The site attributes are conducive with the development.

### 4. SUBMISSIONS MADE IN ACCORDANCE WITH ACT OR REGULATIONS

#### (a) Public Submissions

The proposal was exhibited from 16 April 2014 to the 26 May 2014 with 59 submissions in the form of objection received. 57 of the objections received where form letters of which there were four different types. A petition of 736 was also submitted. The petition in its entirety has not been attached to the report but will be tabled at the Council meeting for Council's information.

Below is a summary of the issues raised in the submissions with staff comments provided.

Issues	Comment
The 1901 building is still structurally sound, supported by statement from Laurence Thomson a qualified stonemason.	Whilst the building maybe structurally sound, considerable work needs to be undertaken to ensure that it can be safely and adaptively be reused which will result in significant costs.
The 1901 building is a Federation style cottage hospital and typical of the work of architect Mark Cooper Day	Regardless of the style of the building it is agreed that the building is of local significance.
The 1901 building is significant and consistent with the significance of Gulgong	Agree the building is of local significance.
The 1901 building has social significance.	Agree the building is of local significance.
The 1901 could be adaptively reused as a "wellness centre".	Council is unaware of any commitment from the relevant authorities or private providers to provide

Issues	Comment
	these services.
Replacement of the building in the future would be more expensive than conservation.	There is no evidence that there would be a demand for replacement of the building in the future.
The 1901 building is older than 85% of the buildings in the Gulgong Conservation Area and therefore should be conserved.	Agree the building is of local significance.
The site is dedicated for a hospital and according to advice from the Department of Lands the relevant legislation required that the land be handed back to the Crown for "revocation of the dedication and repurposing".	The current DA for consideration by Council is for the demolition of the building. Council may grant consent for demolition without impacting on land tenure. The Crown will need to determine the future use of the land.
The appropriate owners consent has not been given for the lodgement of the application.	It is a requirement that the correct owners consent is provided. Council requested clarification of this matter and a subsequent letter of owners consent was provided by the Department of Lands representing the Crown.
The building is a reminder of the Gold Rush era and therefore has historical, cultural and social significance.	Agree the building is of local significance.
The 1901 building is an example of a hospital style when health service became important across the state to combat contagious diseases. There are only three hospitals of this kind left in NSW.	Agree the building is of local significance.
The site being located next to the Adams Lead Gold Mining Lease may have archaeological significance.	A recommended condition of consent is included regarding preservation of archaeological artefacts.
Request Council to revoke the development consent for the demolition of 1980 extension to allow use as a hydrotherapy pool and gym business	Council does not have the power to revoke this consent.
The building could be used for a range of services not provided in the MPS as outlined in the Community Plan.	A plan has been submitted indicating a range of possible uses of the building. No further information regarding the need or viability of these uses has been submitted. Council is unaware of any commitment from the relevant authorities or private providers to provide these services.
Suggestion that the building should be transferred to Council for adaptive reuse.	There is no funding provided with the Delivery/Operational Plan for the necessary work to restore and allow the adaptive reuse of the building or for the ongoing maintenance and operational costs.
The building should be "moth balled" until sufficient funds are available to restore.	This is an option that Council could consider although the level of funds needed for restoration and operational costs are significant which may result in the building requiring ongoing care for a considerable length of time whilst providing no return to the community. It is considered, even with the best intentions, a vacant building without use will deteriorate.
Health services cannot be adequately accessed by Gulgong residents and retention of the building will facilitate provision of services.	Council is unaware of any commitment from the relevant authorities or private providers to provide these services.

**(b) Submissions from public authorities**

The application was originally lodged with owner's consent being provided by Health Infrastructure. Council became aware that there may be an issue with who was considered to be the legal owner of the land. The application was then referred to the Department of Lands who govern these matters and a subsequent letter provided owners consent was provided to Council.

**5. THE PUBLIC INTEREST**

The public interest is served by the open consideration of this application. It can be argued that the public interest can be served by the preservation of a locally listed heritage item but it can also be argued that the use of health funds to heal people within the health system rather than restore a building that is no longer needed is also in the public interest.

**6. CONSULTATIONS**

**(a) Health & Building.**

Comments provided as conditions of consent.

**(b) Technical Services**

Not applicable.

**(c) Heritage Advisor**

Council does not currently have a Heritage Advisor but sought advice from an independent consultant. Their advice is attached as Attachment 3.

**Financial and Operational Plan implications**

Not applicable.

**Community Plan implications**

The assessment of the development application sits under the theme 1 Looking after Our Community, Goal 1.1 – A Safe and Healthy Community.



CATHERINE VAN LAEREN  
DIRECTOR, DEVELOPMENT & COMMUNITY SERVICES

GARY BRUCE  
MANAGER STATURORY PLANNING

11 July 2014

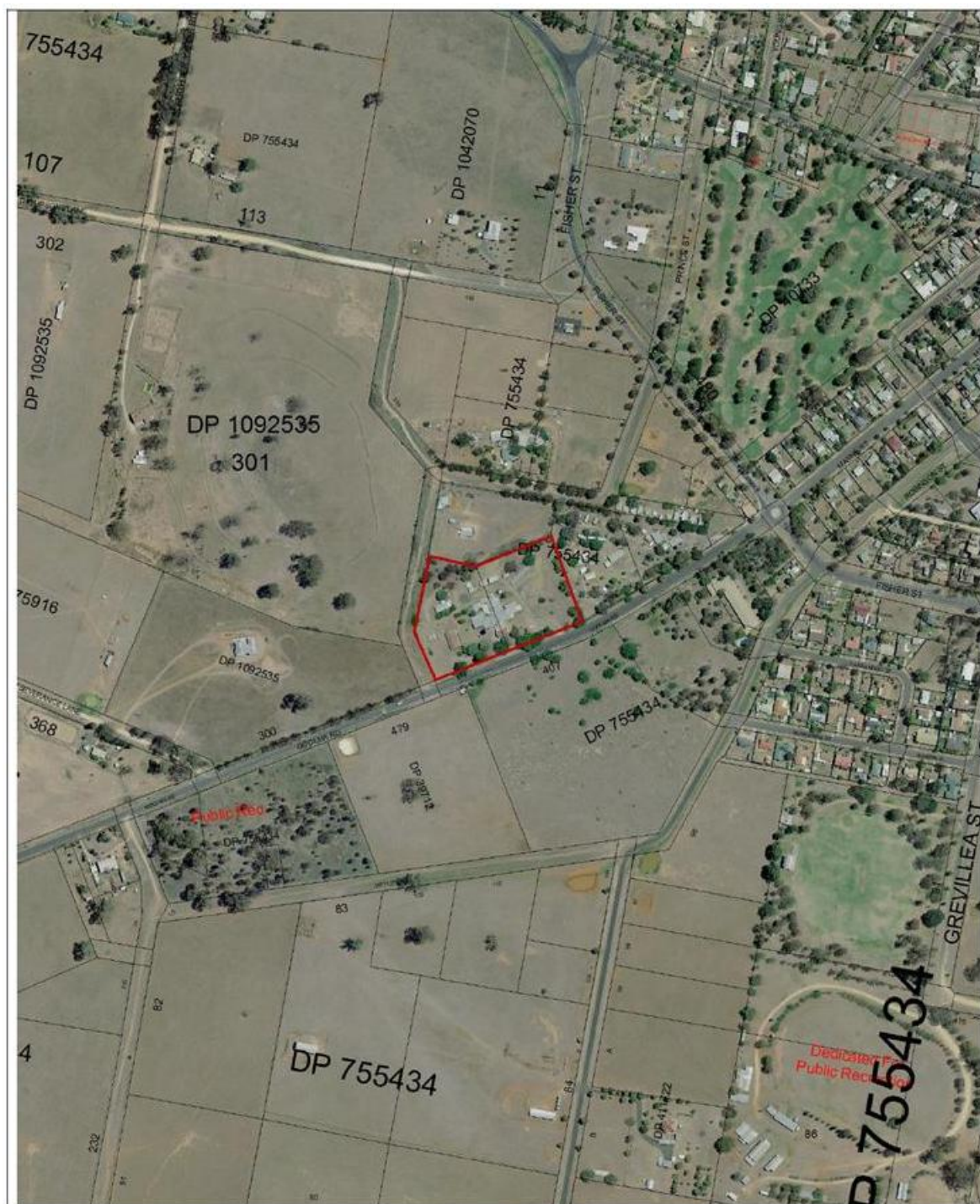
**Attachments:**

1. Locality Plan
2. Site Plan
3. Council's Heritage Advice
4. Heritage Impact Statement
5. Public Submissions (attachment to business paper)
6. Petition 736 signatures (cover page is attachment to business paper) Whole petition to be tabled at Council meeting

APPROVED FOR SUBMISSION:



BRAD CAM  
GENERAL MANAGER



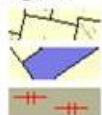
Map Scale: 1:6,175

## Disclaimer

**Disclaimer**  
This map has been created for the purpose of showing basic locality information over Mid-Western Regional Council. Property boundary line network data is supplied by Department of Lands.

This map is a representation of the information currently held by Mid-Western Regional Council. While every effort has been made to ensure the accuracy of the product, Council accepts no responsibility for any errors or omissions.

Legend



Parcel

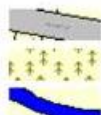
Crown Land

Railway



Parish

### Localities

LGA  
Boundary

Road

State Forest

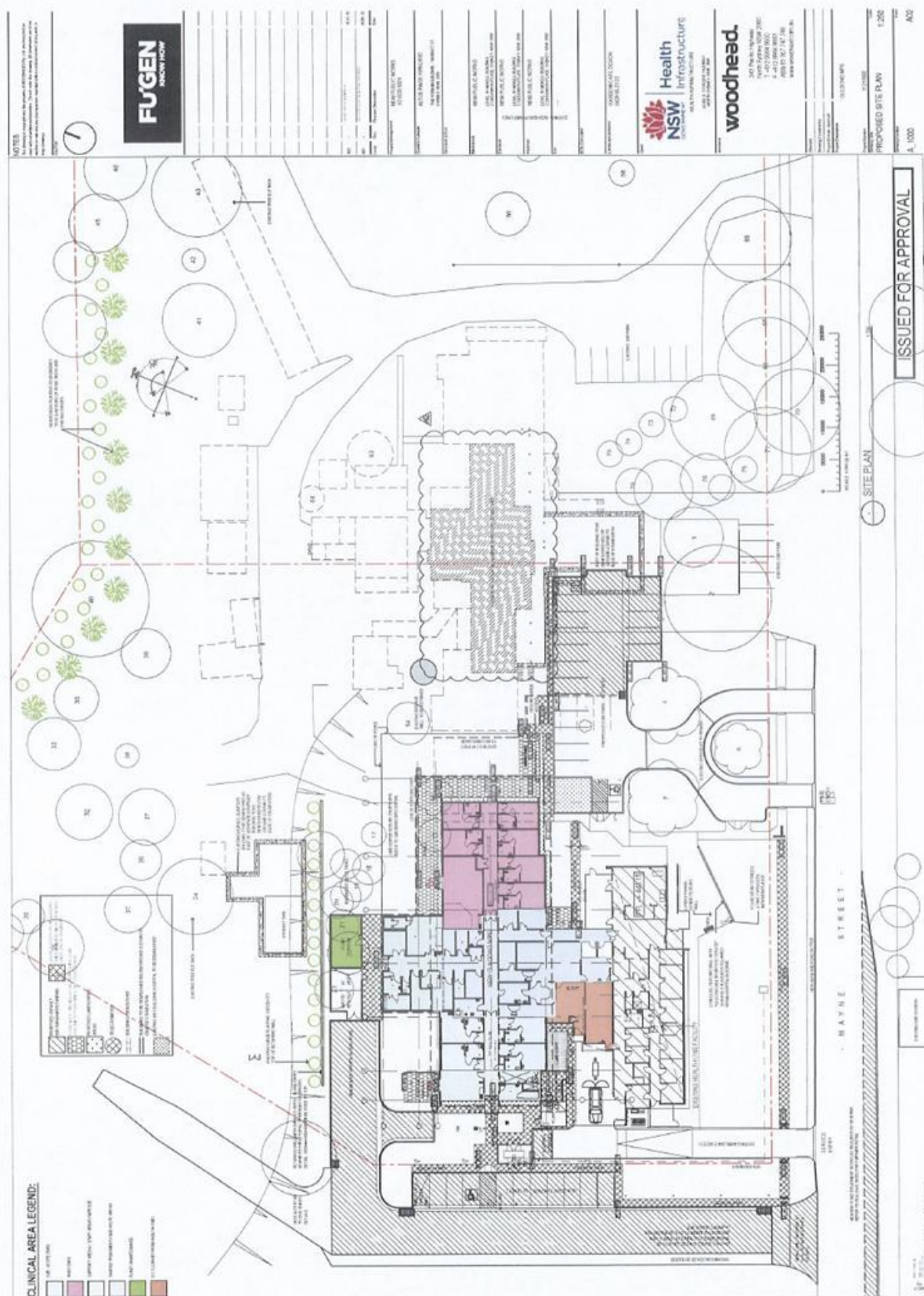
Waterway

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## STATEMENT OF HERITAGE IMPACT

PROPOSED DEMOLITION & RELANDSCAPING  
GULGONG DISTRICT HOSPITAL SITE  
206 MAYNE STREET GULGONG NSW

NSW HEALTH INFRASTRUCTURE

APRIL 2014

**STATEMENT OF HERITAGE IMPACT  
FOR PROPOSED DEMOLITION & RE-LANDSCAPING AT  
GULGONG COTTAGE HOSPITAL**

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**1.0 INTRODUCTION**

This report has been prepared in response to a request from NSW Health Infrastructure to submit a Statement of Heritage Impact for the proposed demolition of the redundant building structures and the re-landscaping of the site at 206 Mayne Street Gulgong NSW.

An approval for the construction of a Health One facility on the perimeter of the old hospital site was approved by the Mid Western Regional Council in February 2011. As a condition of that approval the owners of the site were required to prepare a Conservation Management Plan to identify the heritage significance of the component parts of the site and to make recommendations for the future management of the site.

The Conservation Plan was prepared in November 2011 by John Blackwood Architects under instructions from the Western NSW Local Health District.

Subsequently Health Infrastructure commissioned the design and construction of a new hospital facility on the site following demolition of many of the non-core buildings which made up the former hospital facility. The New Hospital is a significant community asset with very wide support in the region.

Remaining on the site is the remnant of the original but highly modified cottage hospital building of 1901 with later intrusive attached wings and substantial internal and external alterations. The building is empty and currently has no obvious potential for-use in association with the continuing hospital occupation of the site or economic adaptation for any associated or community use.

A Revised Statement of Heritage Impact for this development dated 11<sup>th</sup> September 2012 was prepared by Barbara Hickson Architect & Heritage Advisor. The statement reflected the current condition of the site following demolition of the non-core structures and the impacts that would arise if the residual building was to be demolished.

A number of other relevant reports including the Conservation Management Plan for the site, The Asbestos Contamination Report and a Costing of the Potential Restoration Works were reviewed as part of this process.

A peer review of this documentation was undertaken in 2013 by Robert Staas, Director / Heritage Consultant of NBRS+PARTNERS Architects to identify further actions by Health Infrastructure prior to any decision being made in relation to demolition of the heritage item.

Following further investigation and consultation, Health Infrastructure is now seeking the demolition of the above ground structures and the re-landscaping of the site as part of the setting of the new hospital.



## 2.0 HERITAGE LISTINGS

The Gulgong District Hospital Site is identified as having heritage value on the following statutory lists:

- NSW Health 170 Register – Gulgong District Hospital Original Building.
- NSW State Heritage Inventory- Gulgong District Hospital Original Building.
- Mid Western Regional Council Interim LEP 2012 (Schedule 5)  
Item No. 1312, Gulgong District Hospital, Portion 196 Parish of Guntawang – Local Significance.



Extract from Heritage Map 5C identifying heritage items in Gulgong showing the Hospital site on the outskirts of the town numbered 1312 over two lots.

## 2.1 Heritage Significance

The Significance of the original building on the hospital site is identified for historical and architectural values.

The Conservation Plan 2011, which was received by the Department and the Regional Council as fulfilling the conditions of development approval for the site contains the following summary statement of significance:

*"An intrinsic part of the community through the gold rush decade and the subsequent years, the old Gulgong hospital has continually served the local community for 139 years and for more than a century on the subject site. The 1901 hospital building was a major development during the consolidation of the town after the 1870s gold rush ended. The hospital was an important marker that the town had a viable future. The original layout of the 1901 hospital and early additions can demonstrate a great deal about early hospital practice and how the medical profession has developed during the 20<sup>th</sup> century."*

*The 1901 core section of the hospital was designed by the respected Sydney architect, Mark Cooper Day, and as originally built was an excellent example of the Federation aesthetic and seems strongly influenced by the hospital designs of Walter Liberty Vernon, Government Architect. Significant additions were carried out by the important Government Architect, Cobden Parks. The removal of late 20<sup>th</sup> century additions and the reconstruction of the original verandah would allow the building to be a significant landmark heritage building at one of the main entry points into an historical town. The 1901 building remains largely intact and recoverable. The landscape is an example of a modified European landscape with exotic species that are characteristic of the town as a whole."*

Notwithstanding the amount of demolition of the other hospital buildings surrounding the original building that has occurred, it retains the basic significance identified in this statement. Given the intact condition of a number of District and Cottage hospitals in the state it is not likely however that the Gulgong building has State significance but maintains Local significance for the region and for the town.

The Hickson HIS confirmed the local significance of the hospital in relation to areas covered by the more detailed Blackwood CMP including standard assessment criteria for Aesthetic values, Research potential, Rarity and Social values as defined by the NSW Heritage Act and the Guidelines of the NSW Heritage Office.



Gulgong Cottage Hospital c 1901

### 3.0 PHYSICAL DESCRIPTION

The residual heritage structures on the site comprise the original hospital block with its later twentieth century additions and the large underground brick dome cistern at the rear of the original building. The residual heritage setting of the site comprises the frontage to the Wellington Road and the formal components of the landscape which forms the frontage of the original hospital block.

The Original Building is a Federation Free Style design, of brick construction over bluestone footings and foundation walls used to prevent rising damp and to provide a stable base for the building. Some areas of original brickwork are now rendered and a number of later changes to original openings have been made. The hipped and gabled roof form is timber framed with corrugated steel roofing. Gable ventilators have been relocated from their original

position as part of the later extensions. The original central ventilation lantern was removed in the early changes made to the building. Two of the original brick chimneys have been removed above the existing roof level while a number of other chimneys survive intact. Roof ventilators along the ridge are part of the 1920s modification to provide improved ventilation.

The principal architectural feature of the building, its elaborate timber framed verandah has been removed however photographic records of its appearance and evidence of its location are still available.

The three gables facing the main entry to the site are still intact and the central gable maintains its original plastered, art nouveau date inscription.

Internally much of the early layout and details of the original hospital design survive despite later modernisation.

The Blackwood CMP details extensively the construction and detailing of the original building within a document that also details buildings which have subsequently been demolished.

The Hickson SHI identifies that based on the available information and records, appropriate recovery of significance would be possible.

A detailed assessment of the costs of conservation of the original building including removal of intrusive fabric and reconstruction of missing elements and details was carried out by the Department to ascertain the economic viability of adaptive re-use of the building for a community or professional based organisation.

#### **4.0 CONSENT AUTHORITIES & APPROVALS**

The site is owned by the NSW Department of Health which is not obligated to seek approvals for development, however in accord with Departmental Policy and to provide public transparency of the process this application is being submitted to the Western Regional Council for assessment prior to taking any further action on site.

Demolition of a Heritage Item is permitted under the provisions of the Local Environmental Plan subject to an assessment of the impact of that action on the area.

Council is not obligated by the provisions of the Local Environmental Plan to advise the NSW Heritage Office in regard to demolition of Local Heritage Items.

#### **5.0 RECOMMENDATIONS OF THE HIS REVIEW**

The Peer Review of the existing documents and policies for the hospital site undertaken in 2013 by NBRS+PARTNERS included the following recommended actions before any further action was taken in regard to the demolition of the structure:



*The remaining heritage elements on the site, the former 1901 hospital block and the domed water cistern are significant at a high level locally for the reasons expanded in the CMP and restated above.*

*Every effort should be taken to ensure that a compatible new use of the hospital building, either in its current extended form or in a restored and adapted original form is made amongst the local community, the local council or regional organisations and groups.*

*Any proposal for demolition should be preceded by extensive community consultation in the town of Gulgong and in the wider rural community.*

*Basic repair and maintenance should be undertaken in the interim to ensure that the building remains intact. This in my opinion should involve the removal of hazardous asbestos from the roof cavity which would be required eventually in any scenario relating to the future of the site.*

## 6.0 CONSULTATION

In accordance with the recommendations and best practice for assessing the impact on the community of the potential demolition of a heritage item the following actions were undertaken by Health Infrastructure to seek alternative outcomes:

Date	Description
31 January 2012	Option Study is held to determine a preferred location for the MPS. The issue of the existing building was discussed at the options study.
10 February 2012	Internal Layout Workshop held to progress the internal functional layout of the Preferred Option.
16 March 2012	Project Planning Team (PPT) commences as part of the Gulgong MPS project governance. Members include representatives from WNSW Local Health District, Health Infrastructure and community representatives. Peter Doran, Chair of the Gulgong Local Health Council, sits on the committee as community representative.
July 2012	Gulgong MPS DA approved Valid consent is granted for demolish the eastern additions to the 1901 building only.
May 2012	A two day public exhibition was held for the DA with written comments received. No comments were received seeking to retain the 1901 building. Some comments made by community attendees suggested that the entire building be demolished.

17 Sept 2012	Demolition of the existing building raised in PPT meeting and included in minutes: <i>HI have added a provisional sum into the DN&amp;C tender to cover the demolition &amp; asbestos removal scope. HI is looking to get approval for full demolition of the existing building and the required funding for this.</i>
February 2013	A representative of the Local Health Council calls Mark Lamond (Project Director) to discuss the possible retention of the building. Mark advised that the LHD would want to see a cost neutral position at worst, and that the income stream would need to be secure.
March 2013	Cost estimate prepared by Cost Manager for cost to refurbish existing 1901 building, indicating cost of \$2.06M.
March 2013	Peer Review of Conservation Management Plan (prepared as part of HealthOne DA) is undertaken
July 2013	Meeting with Local Health Council is held to discuss: - the intention to seek approval for the demolition of the 1901 building noting that retention of the 1901 building was not sustainable - estimated capital cost, and - recurrent cost to sustain continued use of the building  It is raised that a business case would need to be prepared Western NSW LHD and Health Infrastructure had previously agreed in July 2013 for the Local Health Council to submit a business plan for the retention of the old hospital for health related services to be considered
October 2013	Heritage Interpretation Plan is developed as part of the Gulgong MPS project, including: - Heritage wall utilising plaques from the existing building, using lettering in same signage style to existing building

Table Prepared by Health Infrastructure showing timeline for treatment of the original hospital building on the site.

The June / July 2013 Meeting noted above explained the financial and planning impact of retention of the former hospital. A request was made for components of the building to be set aside for future use within the local community. This would include elements such as brickwork, joinery etc and that appropriate tracking of recycled materials would need to be undertaken.

Several local newspaper articles were published that canvassed opinions held by various members of the community in regard to the site and the proposal to demolish the surviving building. At a public meeting held in November 2013 a community based committee was formed with the aim of investigating viable options for retention.

To date no viable use or creditable business case for retention and adaptation of the building has resulted from the local community investigations.

## 7.0 THE PROPOSAL

Given the lack of a viable alternative for the retention and conservation of the building, this application for demolition is now the proposed action for the site.

The proposal in this application is for the careful filling of the underground cistern with sand to protect it from future structural defects; careful demolition of the above ground structures following Archival recording; recovery of building materials and building elements for re-cycling; protection of sub floor archaeology, filling, levelling and re-landscaping of the site; installation of appropriate interpretation materials.

The following Work Methodology for the proposal has been prepared by the Department for inclusion in any tender documentation for the works involved:

### Demolition work methodology

#### **1 Removal of asbestos**

- Asbestos removal will be undertaken by demolition contractors with the appropriate licence and in accordance with relevant codes and contractual requirements as set out by NSW Workcover as follows:

*An asbestos register must be obtained and an asbestos removal control plan prepared by a licensed asbestos removalist before asbestos removal work can commence.*

*A copy of the control plan must be given to the person who commissioned the work. The control plan must contain:*

- *details of the asbestos to be removed including the location, type and condition of the asbestos*
- *details of how the asbestos will be removed including methods, tools, equipment and personal protective equipment (PPE).*

#### **Removing non friable asbestos**

A non friable (Class B) licence is required by an asbestos removalist when carrying out the removal of more than 10 square metres of non friable asbestos (commonly called bonded asbestos).

An asbestos removal supervisor must be readily available to a worker carrying out the non friable asbestos removal work.

#### **Removing friable asbestos**

*A friable (Class A) licence is required by an asbestos removalist when carrying out the removal of friable asbestos.*

*An asbestos removal supervisor must be present at the asbestos removal area the entire time friable asbestos is being removed.*



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An asbestos removal supervisor must be readily available to a worker carrying out the non friable asbestos removal work.

#### **Removing friable asbestos**

*A friable (Class A) licence is required by an asbestos removalist when carrying out the removal of friable asbestos.*

*An asbestos removal supervisor must be present at the asbestos removal area the entire time friable asbestos is being removed.*

- Brickwork (original only)
- Floor timbers and framing
- Original timber windows and door frames, including coloured glass
- Original door
- Roof trusses
- Shallow ripple corrugated ceiling (where it is possible)

Note all commemorative and memorial plaques have already been recovered for reuse.

### **3 Retention of sub floor archaeology**

The proposed demolition works should be carried out to retain in place evidence of the original foundations and service lines associated with the historic hospital building so that future examination can be undertaken if required for archaeological research.

Sub floor spaces should not be excavated but back filled with clean loose fill suitable for the proposed grassland landscaping treatment. If necessary the landscape should be mounded above retained foundations to ensure their protection and coverage.

### **4 Landscape plan**

A Landscape plan for the cleared site has been prepared by Gardenscape Designs to compliment the retained landscape elements of the site and provide a setting for the new hospital. The Plan has taken into consideration the location of archaeological relics in the placement of trees etc.

### **5 Cistern/ beehive well**

The cistern has been consolidated, pumped out and will be backfilled with approximately 50m3 of sand to stabilise the structure and preserve it for future archaeological investigation. A marker in the landscape will identify the location of this relic.

## **8.0 INTERPRETATION**

An interpretive strategy for the site has been prepared by Woodhead in the context of the new development. This strategy has been partially implemented and will be finalised following the demolition of the remaining structures. The Strategy involves the following elements;

- Construction of a memorial wall incorporating elements of the original design and which is integrated with the continuing social use of the site as a hospital.
- Relocation of historic plaques and memorials within the public spaces of the new development.
- Use of the 1901 lettering image in various locations within the new building.
- Additionally the archival material relating to the hospital and an archival photographic record would be prepared for lodging in public archives as recommended by the Council.

These interpretive measures will ensure that public recognition of the historic evolution of the site will be assisted both on site and in local accessible archives.



## 9.0 LANDSCAPING WORKS

The application includes the re-landscaping of the site in a manner sympathetic to the existing mature landscape setting. Disturbed areas of ground are to be planted with Native Grass seed and a naturalistic planting of Eucalyptus Maculate (Spotted Gums) to the outer edges of the site and flowering trees including Crepe Myrtle and Prunus at the edge of the contained landscape of the new hospital site

The application is contained in the documents submitted with a landscape proposal prepared by Gardenscape Design shown on Drawing L.01 A.

The proposed landscape will be sympathetic to the existing early 20<sup>th</sup> century presentation of the site and will have no adverse impact on the existing mature trees along the road frontage or the front fence.

Car parking associated with the new hospital use has been constructed outside the zone of the original building and will not impact on the archaeological resource.

## 10.0 HERITAGE IMPACT ASSESSMENT

### 10.1 Introduction

The following assessment is based on the guidelines set out by the NSW Heritage Office publication 'Statements of Heritage Impact', 2002.

- The following aspects of the proposal respect or enhance the heritage significance of the item or conservation area for the following reasons:

The proposal will remove the above ground physical evidence of the former hospital building reducing the heritage significance of the site. The proposed continued use of the site, interpretation of its history and retention of archaeological features will however respect the heritage values identified for the site.

- The following aspects of the proposal could detrimentally impact on heritage significance. The reasons are explained as well as the measures to be taken to minimise impacts:

Demolition will involve a loss of original elements that are identified as contributing to the overall heritage value of the site. Recovery of materials and elements for re-use and interpretation will assist in minimising the overall impact of the proposal for the local community.

- The following sympathetic solutions have been considered and discounted for the following reasons:

Considerable time and effort has been expended to investigate alternatives to demolition of the existing structure and to identify viable alternative uses which would complement the health and medical uses of the site. No viable alternatives were identified and no offers for the future use of the building were received from the local community, local government or other organisations.

## 10.2 Demolition of a building or structure

- *Have all options for retention and adaptive reuse been explored?*

All options for the viable retention, conservation and adaptive re-use of the building have been explored over a period of several years.

- *Can all the significant elements of the heritage item be kept and any new development be located elsewhere on the site?*

Demolition of this building is not required in relation to any current plans for development. It was originally envisaged that the historic core of the site could be retained if viable uses for it could be established with appropriate sources of financing outside of the Department of Health budgets. Demolition is now required as the state of the existing structures is both a visual intrusion on the site and the source of potential health and safety issues.

- *Its demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible?*

It was initially recommended that community uses would be the best alternatives to ensure regular use and public access to the heritage item to fulfil the Local Government objectives in listing the heritage item. It was also recommended that uses that were also be an extension of health related activities would be most compatible with the Department of Health's ownership of the Site and the existing uses.

Uses such as Day Care Facilities, Community Activity Centre, Teaching and Seminar Facility were suggested to be investigated in consultation with Council and other community groups, while use as Club facilities for sporting groups could also provide the potential for compatible use. Uses which may attract State or Commonwealth funding were suggested as the most viable given the substantial cost of remediation, conservation and adaptation required which may be beyond the capacity of many groups.

These options have now been investigated by both Department of Health Local Government and the community and there is now documented evidence that consultation regarding potential community uses has taken place and that expressions of interest have been advertised to investigate potential options for the adaptive re-use of the building.

Government has indicated that there is no potential for expenditure of scarce financial resources on a redundant structure in preference to the stronger demand for improved health facilities throughout the state. This would indicate that even were the vacant building to be retained and cocooned it would continue to deteriorate without essential maintenance and would become a serious concern for users of the site.

The investigations to date have indicated that professional offices are not in demand in the area and that new ancillary hospital uses are not appropriate. The potential use of the building for community uses not associated with the hospital use that was investigated by the community groups who were notified has resulted in no viable economic use being identified that would warrant further delay to the demolition of the above ground structures.



### 10.3 New landscape works and features

The proposal includes the re-landscaping of the vacated land in a sympathetic manner complementing the existing landscaping and providing a setting for the new hospital facilities.

- *How has the impact of the new work on the heritage significance of the existing landscape been minimised?*

The proposal returns much of the site to native grass and eucalypt planting with more exotic planting to the edges of the new hospital block and its gardens.

- *Has evidence (archival and physical) of previous landscape work been investigated? Are previous works being reinstated?*

Prior to the construction of the original hospital the site is likely to have been cleared pasture land or native bushland. The proposal is sympathetic to this early character of the site and to surrounding areas. Where substantial introduced landscaping of the historic era survives it is being retained and incorporated into the re-landscaped site character.

- *Has the advice of a consultant skilled in the conservation of heritage landscapes been sought? If so, have their recommendations been implemented?*

The site has limited landscape significance and the advice sought has recommended the retention of all mature trees and the design of open grassland style treatment with clumped naturalistic native trees and the installation of approved low level landscape works adjoining the car parking areas.

- *Are any known or potential archaeological deposits affected by the landscape works? If so, what alternatives have been considered?*

The site will become a significant archaeological site and care needs to be taken, not only with the filled cistern and any underground drainage systems but with the in ground foundations of the former building which are to remain to retain evidence of the historic evolution of the place.

### 11.0 CONCLUSION

In conclusion, while demolition of the former hospital building will remove much of the evidence of the historic evolution of the site it will not remove the historic significance of the site which will continue as a hospital complex meeting the health needs of the local community.

A detailed history and analysis of the former structures provides evidence that is available for future research and should be lodged in public archives nominated by the Council.

Appropriate recovery of significant elements and interpretation of the history of the site will be implemented through on site interpretive elements and by the lodgement of selected material in public archives.

Given the inability to identify any viable adaptive re-use of the structures or a source of funding to achieve the extensive conservation works, I consider that demolition is acceptable in the context.

I would therefore recommend the heritage aspects of this application be approved by the Western Regional Council.

A handwritten signature in black ink that reads "Robert Staas". The signature is written in a cursive, slightly stylized font.

ROBERT STAAS  
Director / Heritage Consultant  
NBRS+PARTNERS ARCHITECTS

April 2014

**Heritage Impact Assessment Review**

**Gulgong District Hospital,  
206 Mayne Street  
Gulgong NSW**

**For Mid Western Regional Council**

**DA 033/2014 Proposed Demolition of the Old Gulgong Hospital  
Lots 195 and 196 DP 755434  
206 Mayne Street, Gulgong**

**Review of Development Application for proposed demolition of Old Gulgong Hospital building and re-landscaping****Introduction**

This Heritage Impact Assessment Review is provided in response to an application (DA 033/2014) for demolition of the Old Gulgong Hospital building. This hospital building and ancillary buildings have been located on this site since the turn of the 19<sup>th</sup> century.

The site currently contains the 1901 Old Hospital Building with a C1980's wing retained on the east side of that building. Former additions to this building; the former western C1980's wing, the original verandah and toilet (rear) have all been demolished.

An in-ground well is retained at the rear of the building (referred to as the beehive well).

All other ancillary buildings associated with the 1901 Old Hospital Building have been removed.

A "Health One" Facility and recent extension Multi-Purpose Service centre (MPS) are located towards the south of the Old Hospital building site.

A site visit was conducted on Thursday 12<sup>th</sup> June. (Elizabeth Stoneman (Council), Ray Thackery (Hospital Site Manager) with Lillian Cullen and Brian Carberry (Coassociates Pty Ltd).

**Heritage Listings**

- The Gulgong District Hospital is locally heritage listed on the Mid Western Regional Council Local Environmental Plan (LEP) 2012 Schedule 5, local item No. 312.
- Heritage Act: Section 170 Register (NSW Department of Health) - Gulgong District Hospital "Original Building" Database Number: 3540097
- NSW State Heritage Inventory - Gulgong District Hospital, Original Building Database Number: 3540097



**The following documents have been viewed in providing this assessment**

1) Conservation Management Plan (CMP) November 2011 John Blackwood Architects. *This document provides a management framework that identifies the significance of the site, provides a physical assessment of the fabric and conservation policies to preserve significance. The policy intent is to guide the future use and development of the site that ensures conservation of significant fabric, spaces and settings, including the adaptive re-use of the Old Hospital Building and associated buildings. In our professional opinion the CMP is considered to be a comprehensive document that addresses the requirements for the appropriate retention and conservation of the heritage item, the site and its curtilage.*

2) Barbara Hickson Architect and Heritage Adviser, provided a Statement of Heritage Impact for the Multi-Purpose Service (MPS) centre in 2011. *This document was provided in response to the planning considerations for the new MPS centre at the Gulgong Hospital site. The Statement of Heritage Impact assessed potential locations for the MPS whilst reviewing the specific areas of significance at the site. In particular the report notes "The 1901 core of the hospital, as an excellent example of Federation aesthetic which is largely intact and recoverable." The report recommended 5 options for the location of the new MPS. The first recommended option was adopted for the MPS location, to the west of the old hospital building and behind the Health One building. Essentially retaining the Cottage Hospital, its curtilage and setting.*

**Our professional opinion is that this SOHI prepared for the MPS application indicated the retention and adaptive re-use of at least the Old Hospital building. Archaeological significance of the site and curtilage considerations were also addressed in this document. The SOHI was prepared by a well known Heritage Architect and considered to be an appropriate report that reviewed the new project in context with the retention and re-use of the Old Hospital Building.**

3) The drawing titled: "Proposed Site Plan, prepared by Woodhead Architects project: Gulgong MPS drawing number A\_1000 issue A01 marked "For Tender" A01 revision note **"1901 CORE HOSPITAL BUILDING RETAINED"** 08.05.12.

**Reference is made to this drawing as at 08.05.12 it appears to indicate that the retention of the "Core Hospital Building", being the Old Hospital building, was intended for retention.**

4) Statement of Heritage Impact; Proposed Demolition and Re-landscaping Gulgong District Hospital Site, NBRS & Partners Pty Ltd, March 2014. *This document seeks the demolition of the original old hospital building of 1901 despite no current development for reuse of that space, being sought on the site in this current application.*

**Current Application: Statement of Heritage Impact; Proposed Demolition and Re-landscaping Gulgong District Hospital Site**

This report addresses the demolition of the remaining 1901 old hospital building and C1980's east wing. The beehive well is retained in the re-landscaping proposal. The report sites the costs relating to removal of asbestos contamination and the potential restoration works and seeks the removal of the 1901 building. The reasons given are that there is no obvious potential for re-use of the historic building in association with the continuing hospital occupation of the site or economic adaptation for any associated or community use. The report also notes that in accordance with best practice that community consultation, between January 2012 and October 2013, has been undertaken by Health Infrastructure which has assessed the impact on the community.

Clause 10.2 page 13 Statement of Heritage Impact; Gulgong Hospital site (NBRS+PARTNERS) "Demolition is now required as the state of the existing structures is both a visual intrusion on the site and the source (sic) of potential health and safety issues."

In response to the above SOHI prepared by NBRS+PARTNERS :

**Visual Intrusion:**

The existing condition of the 1901 building is in poor state because of the seemingly pre emptive removal of the verandahs and the retention of the random inappropriate elements on the façade (temporary shelter and redundant electrical distribution boards and boarded up openings). If appropriately constructed verandahs were reinstated the building would then reflect the original beauty of presentation. The following observations were made from the site visit:

Current heritage significant elements

We consider that the remaining building, even without the verandahs, has heritage significance at a high local level. This is because:

- a) The overall massing, high ceiling and general appearance is relevant to its original design.
- b) High pitch roof, gable panel to the centre, symmetrical front elevation, Dutch gable ventilators and high chimneys are relevant to the massing and general appearance.
- c) The window fenestration with high double hung type and then with highlight windows above. Original toned glass to the windows still in place.
- d) Original brickwork, stone foundation space walls with damp proof coursing (unusual for the time) and the icon decoration to the centre gable.
- e) Internally: High ceiling rooms, original ceilings, original (Possibly Australian cedar) architraves and other trims, some original doors and door furniture.
- f) Timber floor and roof structure (No termite infestation noticed nor commented on by Site Manager)
- g) The building illustrates the level of building design and architecture specific to health care in the period of early development of modern medical practice, as practiced in a provincial locality.
- h) The building retains a reflection of the history of health and medical development for Gulgong in the period of this building's use. If this building is removed, the last physical element of that history will be lost.

Detrimental elements to the heritage significance

- a) Removal of the verandahs and the rear original small rooms,
- b) Wall faces and painting over face brickwork,
- c) Temporary boarding of openings.
- d) Detrimental removal of interior elements: Fireplaces, trims and original doors and door furniture.



- e) Lose items of furniture etc still in place internally.
- f) Lower suspended ceilings,
- g) Asbestos lagging to pipes and to external trims.
- h) Lead based paint assumed, under modern paint coatings.
- i) Redundant electrical wiring and fittings,
- j) Partitions and other "light weight" building elements.

**Health Issues:**

Asbestos and/or other contaminants will require removal in an appropriate manner whether in the demolition process or in retaining the building, whether occupied or not. The cost and removal processes should be verified by a health and safety professional or company involved with those processes, for both scenarios.

**Safety Issues:**

Aside from the health safety issues noted above, it is understood that the building is otherwise structurally sound. However, this can only be verified by a qualified Structural Engineer. Accordingly the argument for demolition at this time would not seem to necessarily be warranted, or are there other currently undisclosed safety issues?

**Cost Issues:**

It would seem that other than the cost of the health issues noted above, which would be incurred with either demolition or retention and/or re-use of the building, only some work, with no structural modifications, would be needed in order to reinstate to an occupiable condition (Assuming the building is still structurally sound, as has been indicated). The extent of renovation and consequent costs, would therefore seem to be only related to the type of reuse. Such renovation and cost occurs with all buildings in a reuse scenario, and hence would seem to be not a reason to preclude such option.

It recommended that only where a professional report can be tabled nominating in detail the safety, health and cost of retention of the Old Hospital Building and clearly illustrating the non-viability to retain, that agreement to such removal may be given.

**It is considered that the SOHI prepared by NBRS & Partners Pty Ltd, March 2014 is incongruous with the previous reports in respect to their recommendations for demolition of the Old Hospital Building.**

**Heritage review**

It is considered that the previous heritage investigations and reports on this project have been extensive. For a Conservation Management Plan (CMP) to be undertaken on a locally listed heritage item is an unusual practice in that a CMP is usually limited to state significant items. It is considered that this management plan was undertaken as a consequence of the s.170 Register listing.

The consideration undertaken in Barbara Hickson's report for the alternative siting options for a new building at the hospital site, shows the due heritage approach that is required for such reverence of a valued and historic building.



We express concern for the application for demolition of the 1901 Old Hospital building and the accompanying NBRSPARTNERS Statement of Heritage Impact that supports that demolition. NBRSPARTNERS' earlier report recommends retention of the 1901 Old Hospital building and for its continued and adaptive reuse. Those earlier reports reviewed the site significance and provided curtilage considerations, all in the context of the heritage item being retained.

From the recent site visit, the assessment and recommendations from the earlier reports were considered to be still valid, though with the recognition that already, some substantial portions of the the original building have been removed. Consequently it is difficult to justify the reasoning of this recent application for demolition since it is:

- a) Contrary to the intent expressed in the earlier heritage reports.
- b) Contrary to the observed heritage significance of the remaining substantial portion of building.

Whether a building is occupied or not does not necessarily determine that such buildings should be demolished. The perceived "un-viability" of a heritage valued item is not seen as being a reason to remove. However, if such heritage valued items are retained, there is an obligation to "maintain".

#### **Heritage Recommendations**

- 1) It is considered in our professional opinion that the existing Old Hospital building should be retained and maintained until a future use for its occupation can be established.
- 2) DA 033/2014 Statement of Heritage Impact: Proposed Demolition of the Old Gulgong Hospital, is contrary to 2 previous heritage reports, both of which recommended retention of the Old Hospital Building.
- 3) A qualified Structural Engineer be engaged to determine the structural adequacy or otherwise of the existing building. It would be preferable that the Engineer has had heritage experience.
- 4) A health professional with experience of asbestos and lead based paint removal be engaged to assess the removal costs for:
  - a) Demolition,
  - b) Retention,
  - c) Occupation.
- 4) An archaeological review of the site, particularly of the under-floor spaces of the Old Hospital Building, is to be carried out to determine the archaeological potential.
- 5) Work be undertaken to maintain the 1901 Old Hospital building. Where there is currently water ingress and any other deteriorating conditions these are to be rectified in a "like for like" manner. It remains possible that at some future date, through physical research and archaeology, that additional significance may be revealed from the remaining original fabric.

*Reason:*

*Government agencies have responsibilities under Section 170 of the Heritage Act 1977 (NSW). Section 170 requires agencies to identify, conserve and manage heritage assets owned, occupied or managed by that agency.<sup>1</sup>*



Lillian Cullen  
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Grad Dip UNE Heritage RAIA

CoAssociates Pty Ltd.



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27/06/2014

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<sup>1</sup> <http://www.environment.nsw.gov.au/Heritage/aboutheritage/registers.htm>  
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