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DA No: DA21/1251

Project Address: 319 Taren Point Road, Caringbah, 12 Hinkler Avenue, Caringbah, 329 Taren Point Road, Caringbah, 20 Hinkler Avenue, Caringbah, 321 Taren Point Road, Caringbah, 10 Hinkler Avenue, Caringbah, 18 Hinkler Avenue, Caringbah, 8 Hinkler Avenue, Caringbah, 333 Taren Point Road, Caringbah, 323 Taren Point Road, Caringbah, 16 Hinkler Avenue, Caringbah, 6 Hinkler Avenue, Caringbah, 325 Taren Point Road, Caringbah, 14 Hinkler Avenue, Caringbah, 327 Taren Point Road, Caringbah, 331 Taren Point Road, Caringbah

Proposal: Demolition of existing structures and construction of a mixed use development (health service facility and residential units) with Torrens title and stratum subdivision

PREAMBLE

A proposal for the site has not previously been reviewed by Council or the DRF.

The site was viewed by the Panel members prior to the meeting.

The proposal has been considered in relation to the Design Quality Principles of SEPP 65. Detailed matters relating to Principle 5 (Landscape) are not covered by the Panel and will be separately reported by Council Officers.

Issues considered relevant to the proposal are noted below.

COMMENTS

1. This is a large, consolidated site which substantially changes the development pattern set out in the DCP. Although some analysis was presented at the meeting, the submission contains no thorough, fully contextual urban design analysis of the implications of this, and no presentation of options leading to a preferred proposal. While there were some potential advantages noted in a general way - fewer basement parking entries, consolidation of services, a direct through site link, and the potential benefits of a perimeter block - the actual proposal demonstrates that, at the densities proposed, the potential grain of the street experience and variety of buildings envisaged in the DCP, has been traded for a large development, all designed by one hand, that is struggling to provide a satisfactory public through site link, good street interfaces with the necessary landscape character, and acceptable private amenity.
2. No account seems to have been taken of the fact that the irregular geometry of the consolidated site makes its efficient use as a residential perimeter block difficult to achieve, particularly on the southern portion, or that the DCP setbacks require common adherence across side boundaries to achieve the necessary building separation.

While the Panel accepts the proposition that a single medical building might be a more suitable development option, its detachment and separation is poorly realised in this submission, with an ill-considered public link from Hinkler Avenue to Taren Point Rd, and an unacceptable relationship with the adjacent building to the north.

There is little evidence of thought about the nature and character of the public connection between Hinkler Avenue and Taren Point Rd. At ground level, its southern side is fully occupied by disconnected buried apartments and its northern side has one entry to the medical facility (with another minor one along a passage intruding into the lane adjacent to a ramp). Above, its southern side consists of 7 levels of residential looking at the 54m long fully glazed medical centre (considered as habitable space), with 12 metres between them.

As currently configured, it is a space without an identity, lacking in the attributes that make for a successful extension of the public street network. Any through site link should be designed as a recognisable urban spatial type. It should be appropriately activated with a compatible mix of uses with its fully public nature embedded in the title arrangements, and ideally, named and signed to Council approval. It should be designed in detail in conjunction with its building interfaces with a commonly understood street-based palette of elements and materials, which may include a

rhythmic repetition of trees, lights, benches etc., all simply laid out – the proposed assortment of angled walls, random benches and ‘feature’ planter boxes is not convincing.

An equally poor, if not worse, relationship is proposed between the north face of the medical facility and the existing adjacent building built in accordance with the DCP setbacks, which, if followed across this boundary, would have 12-18m separation between buildings. Instead, a 6-9m separation is proposed, again facing residential habitable spaces across the boundary. Further, there is no possibility of any planting along the boundary, as the basement extends to the boundary for its full length, and the ground level is a lost underworld of service zones between both buildings, open at both ends to the streets.

As noted above, the medical facility does not meet separation standards and setbacks on the north and south sides of the building, nor is the required setback met on Hinkler Avenue, where there is no credible argument to support the reduced setback proposed.

3. The Panel has significant concerns with the residential buildings:

- The massing is essentially of 6 and 7 storey buildings, without any setbacks in the internal central spaces as prescribed in the ADG above 4 levels.
- The tapering courtyard of Building A is untenable in its intensity, adjacency, outlook from apartments, and its acoustic environment.
- Most of the street-facing ground floor apartments are set below street level, many substantially so. This is a poor relationship not supported by the Panel. The elevations should indicate the street level dotted so as to properly illustrate the relationship of the apartment to the street, which should be set above street level so as to allow a measure of privacy for residents as well as engagement with the street.
- Large parts of the basement footprint do not comply with the DCP deep soil setback requirement, thereby undermining the objective of the DCP :

‘to create a new area of mixed use developments in a landscaped setting with substantial landscaped building setbacks.....intended to soften the visual impact of new developments and help to protect the R3 residential ambience of Flide Street.’

- Aesthetically, the proposed visual grounding of the medical centre, using a brick base of 2 levels as a scaling device, seems an acceptable strategy to have been pursued across the whole development, especially given the low scale residential character opposite Taren Point Rd, between Flide and Gardere Streets. In this regard, the proposal is to avoid the current non-vertically articulated forms of 6 and 7 storeys that address those Streets, which tend to exaggerate the sense of bulk and height.
 - Common circulation spaces at ground levels are overly long and circuitous and cannot be said to be naturally lit and ventilated to an acceptable standard.
 - Common street entries are deeply recessed in awkward, unsafe spaces.
4. The staging of the development remains confusing in both vehicular organisation and traffic circulation / wayfinding, and the potential implications of the fact that the medical facility (which triggers the bonus) is proposed as the final phase of the staged construction should be a consideration as part of the approval process.
 5. There are issues that should be clarified with Council:
 - How the 'bonus on top of a bonus' (medical facility plus affordable housing) has been calculated.
 - Numerical compliance with the required deep soil and the communal open space seems to be insufficient.

RECOMMENDATIONS

The Panel does not support the proposal and considers it to be an overdevelopment of the site. Burdened by the additional bonus of 0.5 FSR for affordable housing, which has to be accommodated within the same permissible height limit, it fails to achieve an acceptable standard of public or private amenity, as evidenced by the range of built form and amenity problems noted above. The extended basement footprint and reduced deep soil in the street setbacks goes against the controls and objectives of the DCP to generate buildings in a landscape setting, and it is questionable whether the proposal can be said to satisfy the character test of the AH SEPP.

An alternative proposal should be developed that re-considers options for the site layout and develops the proposal in response to the issues noted above, and that also contains full illustrative material of the proposal in its extended urban context. This should include street

elevations of the whole block (with existing adjacent buildings) that show ground level apartment relationships with the streets.

It is unlikely that an appropriate built outcome that could be supported by the Panel will be able to realise the currently submitted FSR for the site.

John Dimopoulos

DRF Chair