

# Request to modify a major project



NSW GOVERNMENT  
Department of Planning

Date duly made: 30/09/11

Modification No. \_\_\_\_\_

## 1. Before you lodge

This form is required under section 75W of the *Environmental Planning and Assessment Act 1979* (the Act) in order to request the Minister to modify the Minister's approval to carry out a project or concept plan to which Part 3A of the Act applies.

Before making this request, it is recommended that you first consult with the Department of Planning (the Department) concerning your modification. The Director-General may issue environmental assessment requirements that must be complied with before your request will be considered by the Minister. If the changes proposed by the modification will result in a project that is consistent with the existing approval, the Minister's approval for a modification is not required.

### Disclosure Statement

Persons making a request to modify a project or concept plan are required to declare reportable political donations (including donations of or more than \$1,000) made in the previous two years.

Note: For more details about political donations disclosure requirements, including a disclosure form, go to [www.planning.nsw.gov.au/donations](http://www.planning.nsw.gov.au/donations).

### Lodgement

All modification requests must be lodged with the Director-General of the Department of Planning, by courier or mail. An electronic copy should also be e-mailed to the assessment contact officer assigned to the project.

NSW Department of Planning  
Ground floor, 23-33 Bridge Street, SYDNEY NSW 2000  
GPO Box 39 SYDNEY NSW 2001  
Phone 1300 305 695

## 2. Details of the proponent

Company/organisation/agency

ABN

SYDNEY ADVENTIST HOSPITAL LTD

76-096-452-925

☐ Mr ☐ Ms ☐ Mrs ☐ Dr ☐ Other

First name

Family name

Position

### STREET ADDRESS

Unit/street no.

Street name

185

FOX VALEY ROAD

Suburb or town

State

Postcode

WARROONGA

NSW

2076

POSTAL ADDRESS (or mark 'as above')

AS ABOVE

Suburb or town

State

Postcode

Daytime telephone

Fax

Mobile

% 9221 5211

N/A

% 0410 697 404

Email

% GERSBACH @ M.ACCORIAN.COM.AU

### 3. Identify the land

STREET ADDRESS (where relevant)

Unit/street no.

195

Street or property name

FOX VALE RD

Suburb, town or locality

WAHROONGA

Postcode

2076

Local government area(s)

KU-RING-GAI

State Electorate(s)

REAL PROPERTY DESCRIPTION

LOT 62 IN DP1017514

Note: The real property description is found on a map of the land or on the title documents for the land. If you are unsure of the real property description, you should contact the Department of Lands.

Please ensure that you place a slash (/) to distinguish between the lot, section, DP and strata numbers. If the proposed modification applies to more than one piece of land, please use a comma to distinguish between each real property description.

OR: detailed description of land attached: ☐

MAP: A map of the site and locality should also be submitted with this request.

### 4. Details of the original major project or concept plan

Briefly describe what the original approval allows

STAGED ALTERATIONS AND ADDITIONS TO STONEY  
ADVENTIST HOSPITAL, WAHROONGA

What was the original project  
application no.?

MP 10-0070

What was the date of the  
approval?

3 MARCH 2011

What was the original  
application fee?

N/A

Note: Clause 245K of the *Environmental Planning and Assessment Regulation 2000* provides information on calculating the maximum fee for a request for modification.

### 5. Describe the modification you propose to make to the approval

Describe the proposed modification

MODIFICATIONS TO CLINICAL SERVICES BUILDING AND  
ADDITIONAL ON-CAMP PARKING

Your modification request may need to be accompanied by an Environmental Assessment, including plans. An electronic and hard copy of this document will be required.

ESTIMATED CAPITAL INVESTMENT VALUE

Please indicate the estimated capital investment value (CIV) of the modification to the project approval or concept plan (excluding GST).

\$ NO CHANGE FROM ORIGINAL

#### FULL TIME EQUIVALENT JOBS

Please indicate the number of jobs created by the proposed modification. This should be expressed as a proportion of full time equivalent (FTE) jobs over a full year.

Construction jobs (FTE)

Operational jobs (FTE)

#### 6. Landowner's consent (where required)

As the owner(s) of the above property, I/we consent to this request being made by the proponent:

Land

Signature

Name

Date

Land

Signature

Name

Date

Note: Under Clause 8F of the *Environmental Planning and Assessment Regulation 2000* (the Regulation), certain applications for approval under Part 3A of the Act do not require consent of the landowner, however, the proponent is required to give notice of the application (e.g. linear infrastructure, mining & petroleum projects, and critical infrastructure).

#### 7. Political donation disclosure statement

Persons making a request to modify a project or concept plan are required to declare reportable political donations (including donations of or more than \$1,000) made in the previous two years.

Have you attached a disclosure statement to this request?

☐ Yes

☒ No

PLEASE REFER TO ORIGINAL DISCLOSURE PROVIDED AS PART OF ORIGINAL APPLICATION MP10-0070

Note: For more details about political donations disclosure requirements, including a disclosure form, go to [www.planning.nsw.gov.au/donations](http://www.planning.nsw.gov.au/donations).

#### 8. Proponent's signature

As the proponent(s) of the project and in signing below, I/we hereby:

- provide a description of the modification to the project approval or concept plan and address all matters required by the Director-General pursuant to Section 75W of the Act, and
- declare that all information contained within this form is accurate at the time of signing.

Signature

Name

Date

In what capacity are you signing if you are not the proponent

Name, if you are not the proponent

