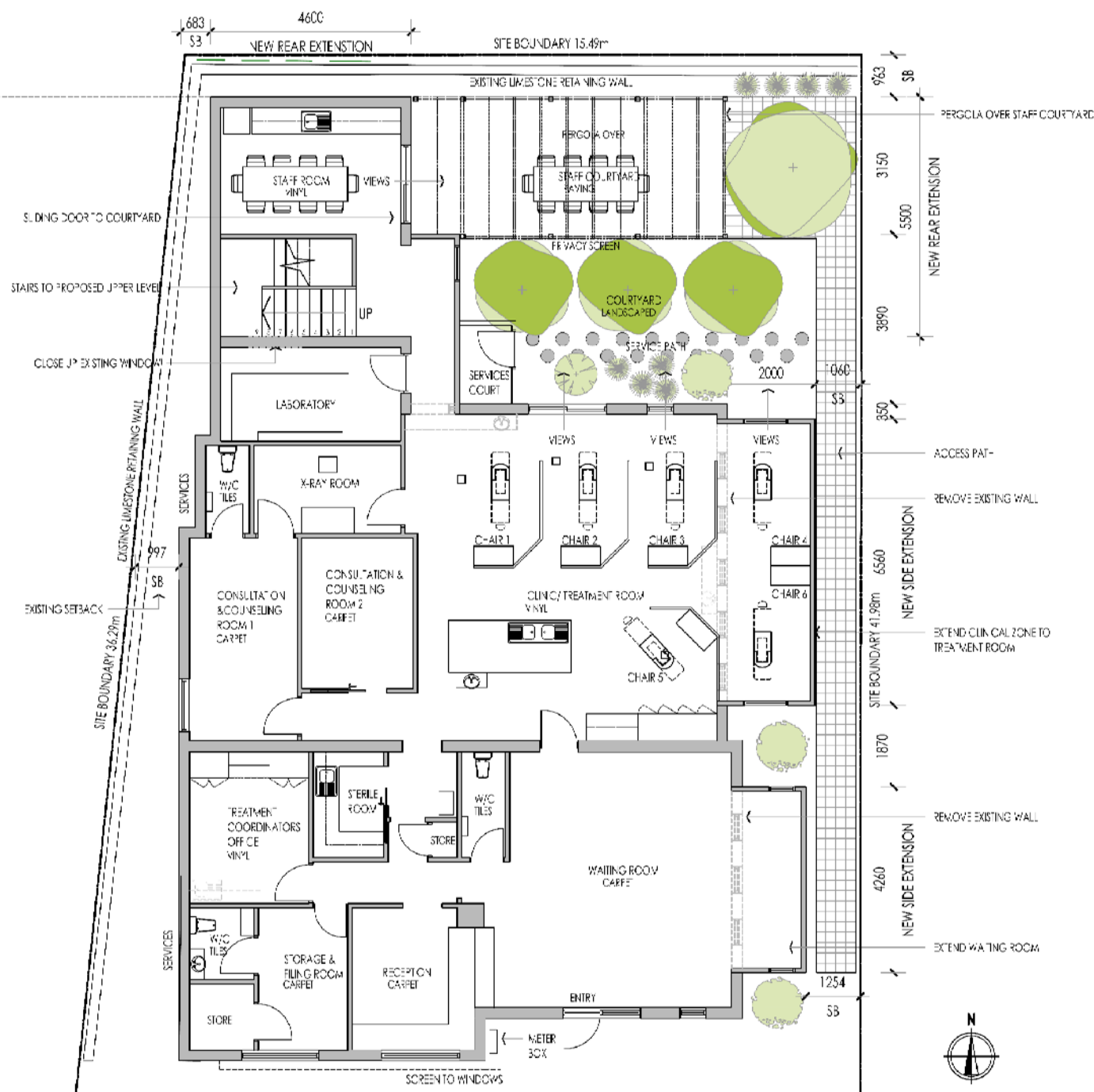
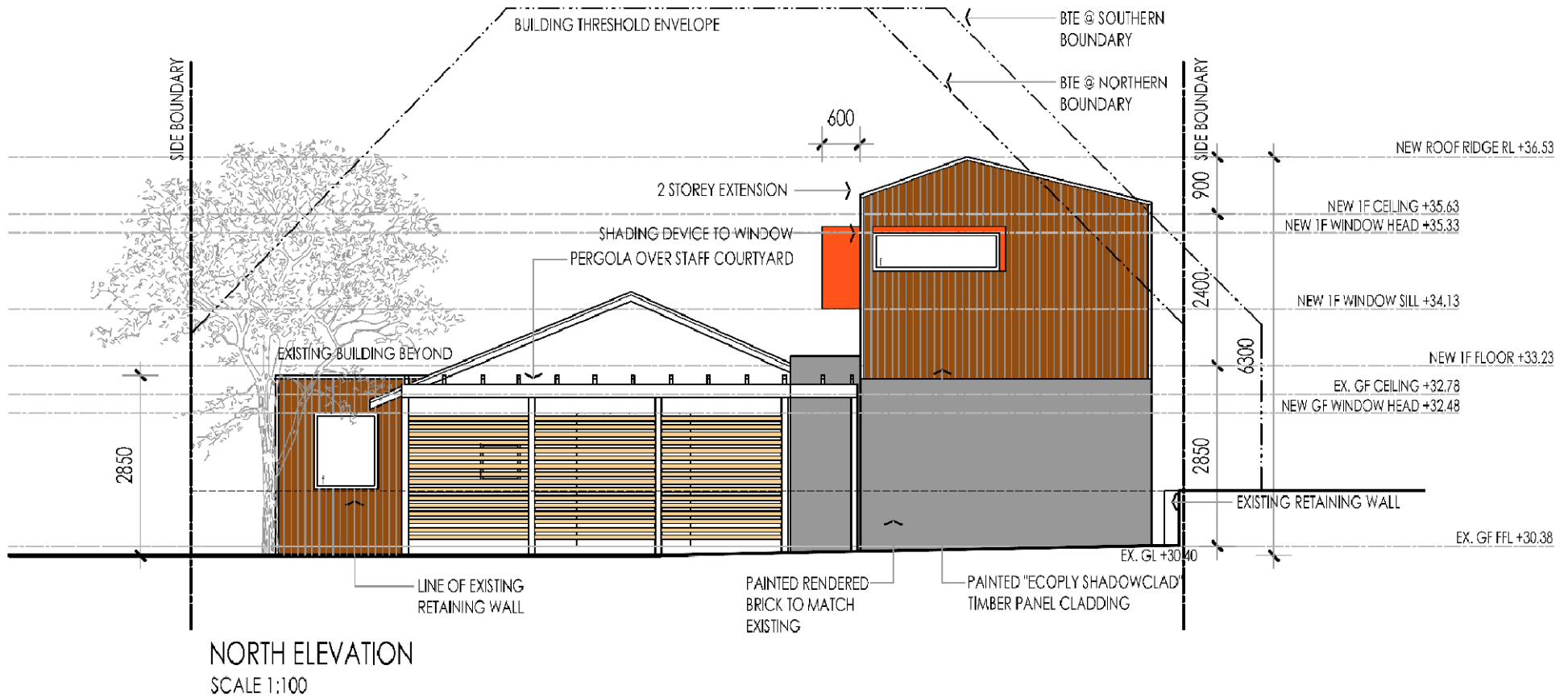
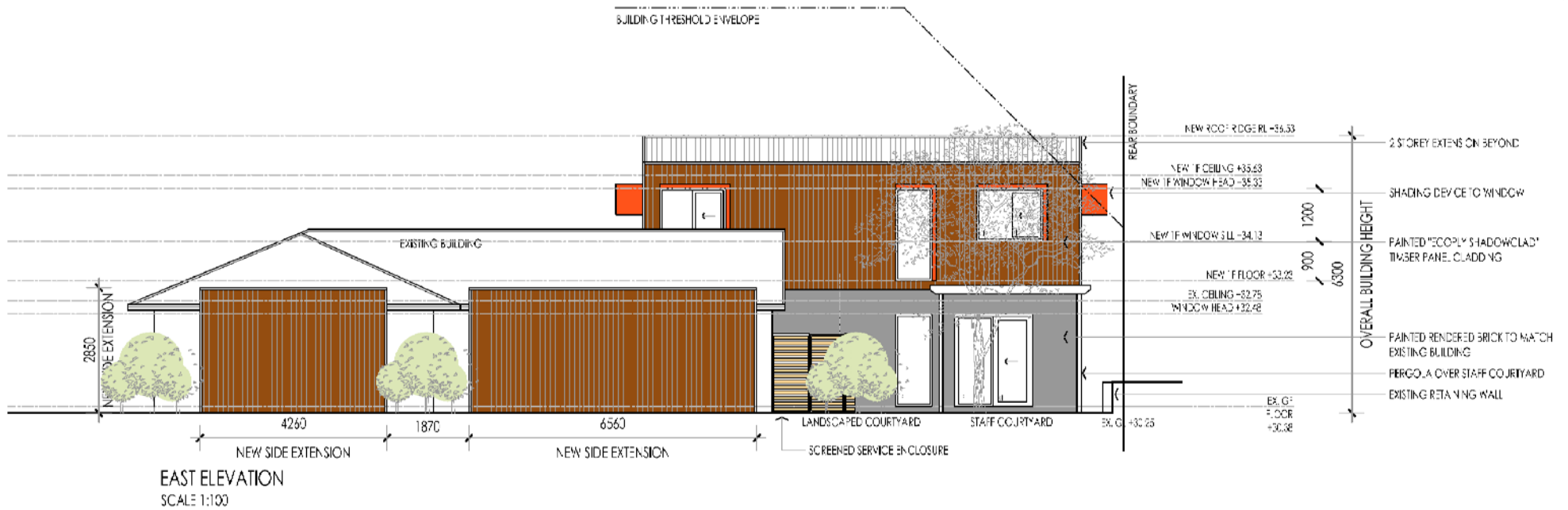


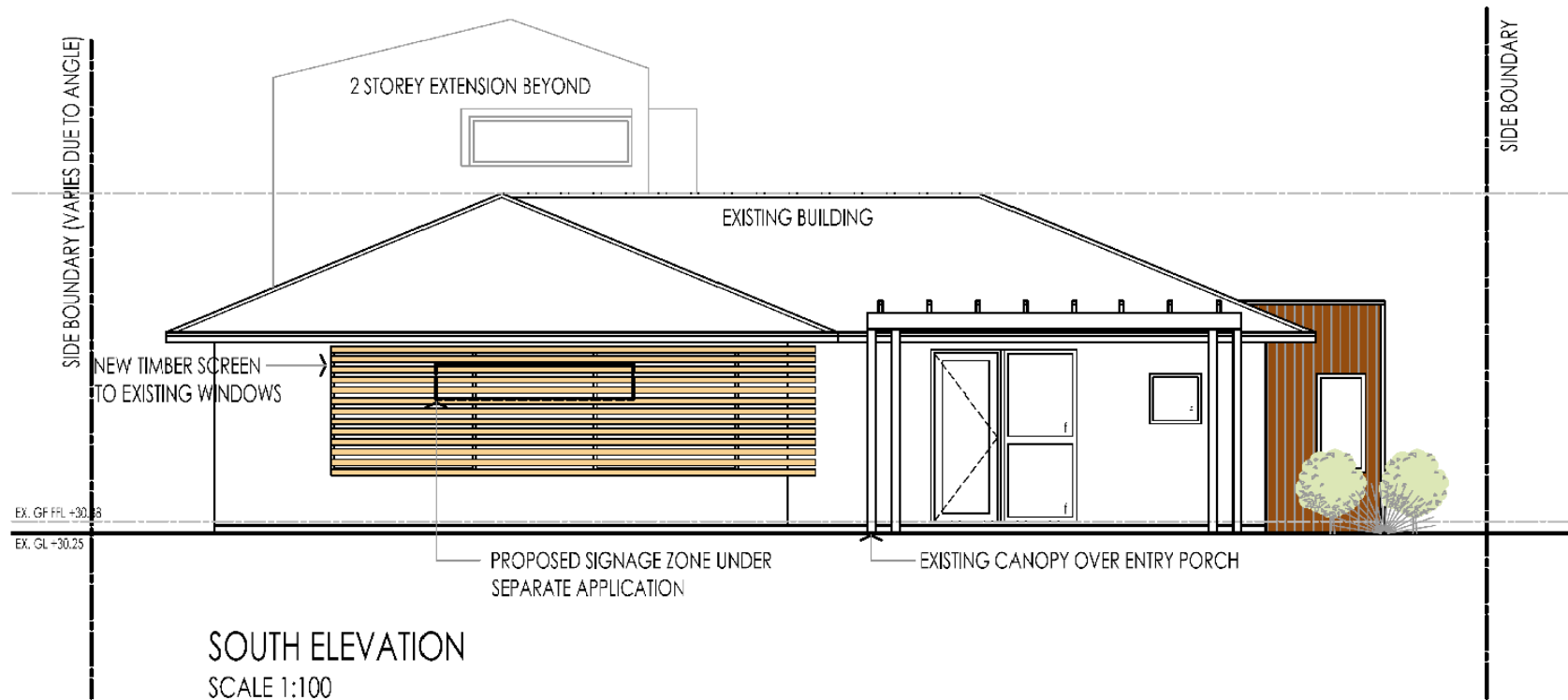
PROPOSED FIRST FLOOR PLAN
SCALE 1:100

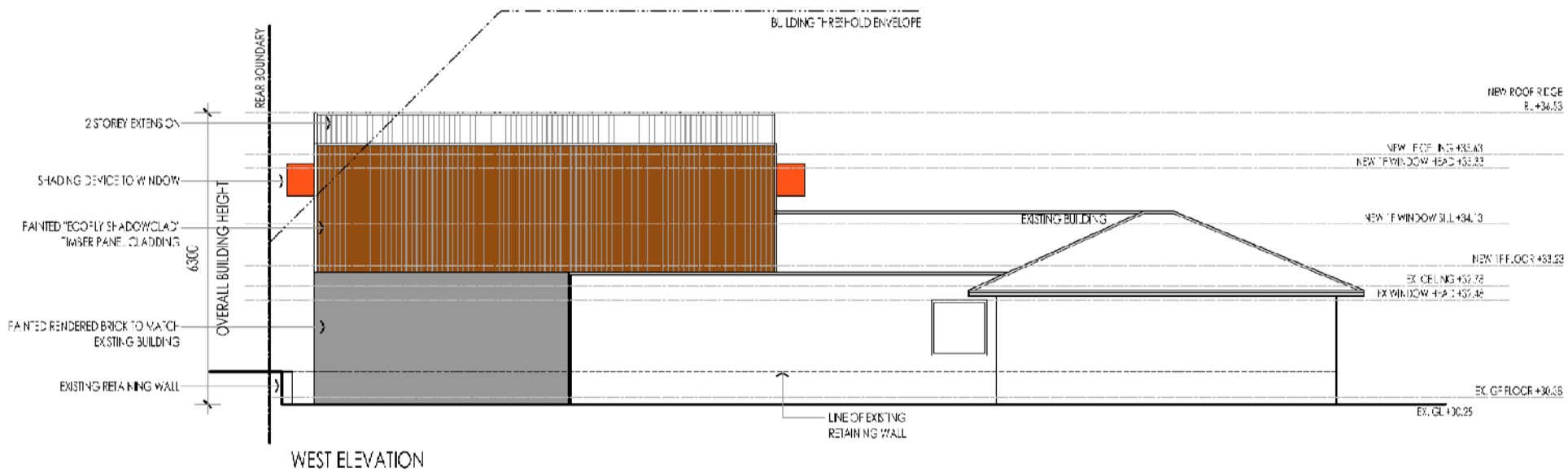
PROPOSED GROUND FLOOR PLAN
SCALE 1:100











DA REPORT

Project: **SCOPE ORTHODONTICS ALTERATIONS & ADDITIONS**
Site: Lot 905, No. 21 Coolibah Drive, Greenwood
Area: 683sqm
Zoning: Residential R20

The following Planning Report is prepared in support of the application for approval of additions and alterations to the above property, and seeks to address the areas of non-compliance with the relevant provisions of the District Planning Scheme 2.

NON-CONFORMING USE

The existing building houses an Orthodontic practice which has been granted non-conforming use in a prior application, and the proposals contained within this application do not seek to change any aspect of that non-conforming use. The provisions of Part 7, specifically Clause 7.1 allow for the continuation of the non-conforming use.

NUMBER OF PRACTITIONERS

The practice is currently owned and run by one registered Orthodontist, plus a number of therapists and support staff. The proposals contained within this application do not seek to expand upon this practice profile in any way, rather consolidate and streamline the treatment process. The following summarises the essence of how the practice operates, and has been prepared by the Registered Orthodontist Peter Munt:

- There will not be any change to the number of patients currently seen, nor the number of employees with the proposed alterations. I have restructured my daily schedule since January this year so that in fact fewer patients are now seen per day. The proposed alterations are simply to provide more space for current employees and service the existing patient load. I do not wish to increase the current number of patients seen per day.
- I am the sole orthodontist, and am responsible for the treatment of all patients. I see every patient at every visit, but I do delegate some tasks to the therapists during the course of the treatment. The specific tasks permitted are legally governed by the Dental Act, and the therapists simply facilitate the treatment provided
- The situation in an orthodontic practice is very different to a general dental practice, where a therapist or hygienist sees their own list of patients independently with little or no input or dependence on the dentist. In orthodontics, the therapist requires the orthodontist to dictate the treatment required on the day, and so they do not see their own list of patients.
- The maximum number of patients seen at any one time is four, but this is very rare. Three is the usual number during the day, and often may be only two. I am usually assisted by either two or three therapists.
- A typical day would encompass the following activities:

- For the first hour and last 2-2.5 hours of the day we see short appointments. These are usually plates or braces adjustments, and done out of school hours so that our patients miss the least amount of school possible. These are undertaken in the main clinic area. Any x-rays required are done on site to maximise patient convenience. These are done in the x-ray room. Any adjustments to plates or fabrication of plaster models can be done in the laboratory area.
- From about 9.30 to lunchtime is a combination of consultations, and putting on braces and taking them off. Patients for consultation need to have their facial and dental photos done first, and these are done in one of the clinic chairs. The patients are then taken to the consultation room for examination and discussion of their existing problems, and treatment options. These are done in the consultation rooms 1 and 2 as they are private and quiet. This is essential to ensure parents and patients understand their proposed treatment, and that it is explained in a private setting. I will move between the two consultation rooms to maximise time efficiency. Braces are removed by the therapists in the clinic, under my supervision at this time. This is generally a noisy procedure, with the dental drills in use. This is why quiet consultation rooms are needed. Patients can then, sometimes proceed directly to treatment or x-rays as appropriate. Some of this may be undertaken by the therapists.
- Once I have put braces on in the main clinic, patients need their care instructions explained and this also needs to be done in a quiet environment. This can be done in the consulting rooms if available, otherwise in the clinic. This is why extending the clinic is desirable, to provide a few more quiet areas. While I am now in the clinic, the admin staff can produce reports for referring dentists and for patients. This is to be done in the Treatment Co-ordinator's office.
- After lunch it is usually more placing of braces and plates (clinic) or consultations (consult rooms). Also the therapists may be taking x-rays or taking photos or models of the teeth of prospective patients.
- At this time we will also see emergency patients. This may involve broken braces or plates, or lost appliances.
- The steri room is used throughout the day to sterilise all of the instruments we use. The waiting room and reception are self-explanatory. The office will be converted to storage for stationery and equipment. The current store in the south west corner of the building is the IT server room.

The above seeks to demonstrate the operational nature of the practice, and does not increase the existing practice volumes or number of practitioners, patients or staff.

ORIGINAL BRIEF & BUILDING DESIGN

By way of background to this report, the following summarises how the brief has been developed and how the ensuing building design evolved. The following were the primary considerations:

- To maintain the status quo of the existing practice, and not expand the practice by the number of Orthodontists, therapists or staff
- To improve the overall patient experience, for a larger and more comfortable and family friendly waiting room, to more relaxing and functional treatment areas, and improved amenities such as consultation/ counselling rooms
- Most orthodontic patients are children & young adults, who are invariably accompanied by a parent or carer. Improving facilities for both was seen as an essential component

- In the background to improve the internal operational efficiencies of the practice to enable it to operate more effectively. Improved reception area, better office spaces, additional storage and improved staff amenities were all considered important
- To minimise disruption to the operations of the practice during construction

The resulting design meant allowing for expanding the existing footprint of the building in a non-invasive or disruptive fashion. In order to maximise the site open area and landscaping opportunities, a 2 storey extension at the rear was developed as the preferred option, as opposed to a single storey extension which would have consumed more site area. As such the main extension has been located in the NW corner for the following logical reasons:

- The building has been previously extended in this area with a poorly executed flat roofed extension. Our proposed extensions are located in part over the top of this existing roof area that is at-risk of water damage, and will eliminate this part of the building that is non-residential in appearance
- The adjacent treatment area is preserved, complete with its gable ended roof form and internally expressed sloping ceilings. This part of the building may have also been an addition but has at least been undertaken in a sympathetic fashion
- This location minimises disruption to the operations of the existing building uses and services
- Rooms are arranged to focus away from the residential sides and inwardly to the courtyards. Upper floor rooms focus in the same manner as well as beyond to the open space, trees and shopping center beyond.
- It will not cause overshadowing onto either adjoining lots
- Overlooking has been ameliorated by placement and shape of windows, with shading devices acting as additional privacy screens
- It will have little or no impact on the streetscape

The circulation and layout of the existing building was also used as a starting point for the location of the addition. Extending the existing corridors was seen as a logical solution; alternative siting of the additions would have resulted in complete re-design of the interiors, which was not deemed financially or practically feasible.

The building extensions have been designed to be a contemporary but complementary extension of the existing, and not a replica of the existing fabric. Forms have been expressed to complement the residential nature of the existing building and surrounds, with gable ended roof to the 2 storey component.

Materials and colours chosen have references to traditional residential construction, being rendered brick and timber panel cladding, both painted. Coloured shading devices provide a contemporary but functional interpretation of traditional awnings.

Whilst clearly a non-residential building, its design will be complementary to the residential built form environmental surrounds.

HEIGHTS

The building projects beyond the Building Threshold Envelope (BTE) at the W side and the rear boundaries. Justifications for the incursions are set out below:

- Roof forms have been designed to be residential in nature including pitched roofs with gable ends, but with a contemporary take on the traditional. A parapet roof was explored but deemed to be too bulky and not residential enough in appearance.
- The roof has a non-central ridge which gives it an asymmetrical gable end, which reduces the height if the wall on the long W side (facing the neighbor)

- The roof pitches are similar to surrounding roof pitches and match the existing building in part
- The incursion on the W side is not significant at the worst case N end and diminishes as the angular boundary shape recedes to be only a very minor incursion at the S end.
- The incursion on the N side is not significant
- In both cases there is a retaining wall of approx. 0.7m in height located inside the property by approx. 0.5m. If the BTE was to be measured from the top of the retaining wall (ie: the same height as the neighbours properties) then the incursions would be significantly reduced to the point of insignificance.

As such we reason that the incursions into the BTE on the affected boundaries, as experienced by the neighbours on the affected properties, is insignificant and will not detrimentally affect the amenity of the adjoining lots

SETBACKS

As highlighted above in the section relating to the brief and building design, the extensions were logically located in the NW corner and the E sides of the existing building, and as such the building extensions project into the required setbacks in these areas. However in all cases the width of the building setback incursion is minimal and there is an amount of compensating open area well beyond the setback lines.

In the case of the rear setback the projection is minimal in width, which improves the amount of open courtyard and landscaped spaces. This approach improves the amenity of the lot whilst not adversely affecting the adjoining lot to the N.

In the case of the E side setback, the incursions are into what was previously a little used driveway, and the adjoining lot is a public reserve in the form of a drainage sump. The amenity of the adjoining lot is therefore not applicable

In the case of the W side setback, the new building is an extension of the existing building line, which is already set well within the required setback area. The reason for this is elaborated upon in the Brief and Building Design section above. Due to the fact that the new building focus is the other way, with no windows on that side that will overlook adjoining lot, nor will there be any overshadowing, and that the building bulk is reduced by the site level differences, we believe that this setback incursion will not adversely affect the adjoining lot.

PARKING AND LANDSCAPING

The parking requirement for this building use is 5 bays per practitioner. The existing parking area at the front of the building currently accommodates 6 bays, and with the closure of the side driveway an additional bay may be achieved, at a squeeze.

There is ample parking available at the nearby shopping centre, which is often used by patients who ultimately do some shopping at the centre.

The parking requirements are therefore accommodated on the site.

The remainder of the site is to be landscaped with at least 100sqm of hard and soft landscaping elements, providing more than the 8% minimum (54.6sqm).

A single storey addition would have consumed a considerably larger area of the site, making for less landscape area quite possibly less than the 8% minimum.

The owners are diligent in landscape maintenance as it contributes to the overall "presentation" of the practice, and the landscape is always kept to a high standard. The existing street trees are significant and contribute to the overall "garden setting" of the site.

BIGGER PICTURE AND CONCLUSION

The site is located within the Housing Opportunity Area 2, which will ultimately rezone it to R20/40, along with surrounding sites. The intent of these "Town Centre" re-zonings is to increase urban densities around existing local centres, or in this case "Greenwood Village".

This will ultimately stimulate more site subdivisions and two storey buildings with associated reduced setbacks and generally higher density of built form. The proposed additions contained in this application can be seen to be compatible with that built form outcome that both the Local and State Government strategies and policies embrace.

For all of the above reasons and justifications we request that the proposed building additions contained in this application be recommended for approval.

END OF REPORT