

IN THE MATTER of the Resource Management Act 1991

AND

IN THE MATTER of the Whangarei District Council hearing on plan changes 82A and B
88A – J, 109, 115, 136, 143, 144, 145, 147 & 148:
District Plan changes: Urban & Services.

AND

IN THE MATTER of Submissions by North Haven Hospice Endowment Trust
(Submitter)

WRITTEN STATEMENT OF GEOFFREY OLIVER KING
26TH NOVEMBER 2019.

1.0 INTRODUCTION

- 1.1 My full name is Geoffrey Oliver King. I am an Architect & Town Planner and a Director of Designgroup Architects h + k Ltd in Whangarei. I hold the degrees of Bachelor of Architecture (B,Arch) and Bachelor of Town Planning (BTP). I am a Registered Architect (#1977); a member of the New Zealand Institute of Architects (NZIA) and a member of the New Zealand Planning Institute (NZPI).
- 1.2 I have been employed in Architecture and Planning for 40 years.
- 1.3 I am a Trustee of North Haven Hospice Endowment Trust. The Trust owns the land and buildings that the North Haven Hospice Society operate as North Haven Hospice. I am also a past Board Member of the Society and a past President of the Society, and the Architect for the Hospice buildings.
- 1.4 North Haven Hospice is located at 24A Takahe Street, Tikipunga. The Hospice has an 8 bed in patient unit and support facilities that enables it to provide palliative care for the terminally ill in the Whangarei District. It also acts as the hub for the other Northland Hospices, being the largest and best resourced Hospice in Northland.
- 1.5 The original Hospice building was constructed on the site some 25 years ago. It is currently in the living 3 zone and is proposed to be rezoned to the Low Density Residential Zone.
- 1.6 The Endowment Trust lodged submissions 79.1; 79.2; 79.3 and 79.4.

2.0 SUBMISSION POINT 79.1

- 2.1 We requested that the height in relation to boundary control be increased from the proposed 2 metres to the current 3 metres. The Planner has recommended that our submission be

accepted which we support, and our submission will be satisfied with the adoption of the LDRZ-R4.1 rule as appended to the Planner's report.

3.0 SUBMISSION POINT 79.2

- 3.1 We requested that the impervious area be increased from the proposed 35% of net site area to 45% of net site area and that words 'or 1000 square metres, whichever is the lesser' be deleted from the control.
- 3.2 We note that the Planner recommends that the words 'or 1000 square metres, whichever is the lesser' be deleted from the control which we support as it makes impervious area controls proportional to property size which is the most appropriate way of controlling impervious surfaces.
- 3.3 We also note, and will accept, that the Planner is recommending that the proposed impervious area remains at 35%. This is a 10% increase on the operative control in the Living 3 Environment, and appropriate for a Low Density Residential Zone.
- 3.4 Our submission will be satisfied with the adoption of the LDRZ-R6.1 rule as appended to the Planner's report.

4.0 SUBMISSION POINTS 79.3 and 79.4

- 4.1 We are seeking that North Haven Hospice at least retains its current planning status within the zone as a Discretionary Activity. Hospices are not noted activities in the new Low Density Residential Zone but Hospitals and Supported care facilities are.
- 4.2 We note that both the definitions of 'Hospital' and 'Supported Residential Care' have changed considerably from those originally advertised in this plan change.
- 4.3 We also note that Hospitals are non-complying activities in the zone while Supported Residential Care facilities are permitted activities if they generate less than 25 traffic movements per day. We had requested an increase in traffic movements to 30 per day but even so due to the size of the current operation the 30 traffic movements per day would not make the current Hospice activity a permitted activity. Failure to meet the 25 traffic movement threshold means the activity becomes a Discretionary Activity, which would satisfy our submission.
- 4.4 The Planner's recommendation is that the 30 traffic movements not be accepted. As it makes little difference to the status of the Hospice in this instance, we will accept his recommendation and we will not pursue this matter further.
- 4.5 The Planner discusses the Hospice's status in his report and indicates that in his opinion a Hospice is not a Hospital but may well fall under the Supported Residential Care definition. However, the only time the word Hospice is mentioned in the proposed plan is as an activity included under a new definition 'Hospital Related Activities' (section 4.3 definitions). A Hospital Related Activity is not an activity noted in Low Density Residential Zone.

- 4.6 We are concerned, therefore, that at some future date a different Planner may not share the reporting Planner's opinions and may well lump Hospices in with Hospitals through the Hospital Related Activity definition thus making the Hospice a non-complying activity in the zone.
- 4.7 The Hospice may well fall within the definition of Supported Residential Care which includes activities certified under the Health and Disability Services (safety) Act 2001. While probably included in this Act, Hospices are not specifically mentioned in the Act so the matter is not clearly defined. In addition, and of concern to us, is that Hospitals are specifically excluded from the Supported Residential Care definition.
- 4.8 In order that there can be no misunderstanding in the future we request that the definition of 'Support Residential Care' (section 4.3 definitions) be extended to include a fourth item of inclusion items
'd) Hospices,'
and that the activity 'LDRZ-R13 Supported Residential Care' be retained in its current format in the Low Density Residential Zone.
This will satisfy our submission.

G.O. King
B.Arch.; BTP.; NZIA.; MNZPI.