



**SECOND
GENERATION
DISTRICT PLAN**

Mercy Hospital Zone

Decision of Hearings Panel

**Proposed Second Generation Dunedin City
District Plan (2GP)**

7 November 2018



User guide to the decision reports and the marked-up decisions version of the 2GP

The decisions of the 2GP Hearings Panel are presented in 29 decision reports (one report per hearing topic).

The reports include the Panel's decisions and reasons and incorporate the requirements under s32AA.

At the end of each report a table has been included summarising all the decisions on provisions (Plan text) in that decision report.

Marked-up version of the Notified 2GP (2015)

The decisions include a marked-up version of the notified 2GP, which shows the amendments made to the notified plan in ~~strike-through~~ and underline. Each amendment has a submission point reference(s) or a reference to 'cl.16' if the amendment has been made in accordance with Schedule 1, clause 16(2) of the Resource Management Act. Schedule 1, clause 16(2), allows minor and inconsequential amendments to be made to the Plan.

Amendments to the Schedules below are not marked up as in other sections of the plan as they are drawn from a different source. Any changes to Schedules are detailed in the decision report for the relevant section.

Some very minor clause 16 changes such as typographical errors or missing punctuation have not been marked up with underline or strikethrough. More significant cl. 16 changes (such as where provisions have been moved) are explained using footnotes, and in some cases are also discussed in the decision.

Hearing codes and submission point references

As part of the requirement of the DCC to summarise all original submissions, all submission points were given a submission point reference, these references started with 'OS'. Further submissions were also summarised and given a submission point that started with 'FS'.

The submission points are made up of two numbers the first is the submitter number, which is followed by a full stop, the second part is the submission point number for that submitter.

For example, OS360.01 is submitter 360 and their first submission point.

The 2GP Hearings Panel has used these same submission point references to show which submission points different amendments were attributed to. However, to enable these changes to be linked to different decision reports, the reference code was changed to start with a decision report code, e.g. Her 308.244.

A list of hearing codes can be found on the following page.

It should be noted that in some cases where several submitters sought a similar change, the submission point reference may not include all of these submission points but rather include only one or say, for instance, "PO 908.3 and others".

Master summary table of all decisions

In addition to the summary table at the end of each decision report there is a master summary table that lists all decisions on provisions (Plan text), across all hearing topics, including details of the section(s) of the decision report in which that decision is discussed, and the relevant section(s) of the s42A reports. The s42A report sections will be helpful for appellants needing to identify which other parties have submitted on that provision, as notices of the appeal must be served on every person who made a submission on the provision or matter to which the appeal relates. The master summary table of decisions can be found on the decisions webpage of the 2GP website (2gp.dunedin.govt.nz).

List of hearing codes

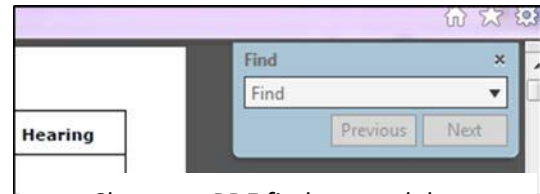
Hearing topic	Code
Commercial Advertising (cross plan hearing topic)	CP
Commercial and Mixed Use Zones	CMU
Community Correction Facilities (cross plan hearing topic)	CP
Defence Facilities and Emergency Services (cross plan hearing topic)	CP
Designations	Des
Earthworks	EW
Heritage	Her
Industrial Zones	Ind
Major Facilities (without Port and Mercy Hospital)	MF
Manawhenua	MW
Mercy Hospital	Mer
Natural Environment	NatEnv
Natural Hazards	NatHaz
Natural Hazard Mitigation	HazMit
Network Utilities	NU
Plan Overview and Structure	PO
Port Zone	Port
Public Amenities	PA
Public Health and Safety (PHS)	PHS
Quarries and Mining Activities (cross plan hearing topic)	CP
Recreation Zone	Rec
Residential Zones	Res
Rural Zones	RU
Rural Residential Zones	RR
Scheduled Trees	ST
Service Stations (cross plan hearing topic)	CP
Temporary Activities	TA
Transportation	Trans
Urban Land Supply	ULS

How to search the document for a submitter number or name

1. If you want to search for particular submitter name, submission point or Plan provision in any of the reports (decision report, marked-up version of the Plan, or s42A report) the easiest way to do this is to use the 'Find' function.
2. When you have the document open, press the keys CTRL and F (Windows) or CMND and F (Mac) to bring up the 'PDF Finder'.



Chrome – PDF finder search box



Chrome – PDF finder search box

3. Once the PDF search box appears (in the top left or right corner of your browser) type in the submission number or submitter name and press enter on your keyboard.
4. The PDF finder will search for all instances of this term. Depending on the size of the document and your internet connection it may take a minute or so.
5. Press on the up or down arrows (Chrome) or 'next' (Internet Explorer) in the search box to view the different instances of the term until you find the one you are looking for.
6. An 'advanced search' function is available under the Edit tab in some PDF viewers, this allows you to search 'whole words' only to look for exact strings of letters or numbers

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1.0 Introduction

1. This document details the decisions of the Proposed Dunedin City District Plan Hearings Panel/Te Paepae Kaiwawao Motuhake O Te 2GP with regard to the submissions and evidence considered at the Mercy Hospital Hearing, held on 2 November 2016, and the reconvened Mercy Hospital Hearings on 30 November and 8 December 2016 at the 2GP Hearings Centre.

1.1 Scope of decision

2. Unless otherwise noted, this Decision Report addresses the 68 original and 101 further submission points addressed in the Mercy Hospital s42A Report.
3. This Decision Report covers Section 27 of the 2GP, Mercy Hospital, which is one of the major facility zones in Part E of the 2GP. It also includes the strategic directions and definitions related to Mercy Hospital Zone and requests to rezone land to Mercy Hospital Zone in the 2GP.
4. This Decision does not address the following submissions:

(a) *Mercy Dunedin Hospital Limited's* submission (OS241.65) which sought to amend Rule 27.10.1 to remove sub-clause (3) which reads as follows:

For all land use activities that require consent, all associated development activities will be considered as part of the resource consent even if the development otherwise meets the development performance standards in the Plan. Conditions on development activities may be used to minimise any adverse effects from the land use activity or create mitigating positive effects.

This was opposed by the *Ludgate Sharp Family Trust* (FS2436.12). These submission points were originally included within the Mercy Hospital Zone s42A Report; however, these are now included in the Plan Overview Decision Report.

(b) The submission points by *Mercy Dunedin Hospital Limited* (OS241.1), *James Wilson* (FS2337.2) and the *Ludgate Sharp Family Trust* (FS2436.15) related to the definition of 'Hospital' are now included in the Major Facilities Decision Report.

(c) The submission point by *Mercy Dunedin Hospital Limited* (OS241.43) that opposed subclause 4 of the Notification Rule (Rule 27.4) and requested that it be removed, as it is not consistent with the RMA. This is addressed in the Plan Overview Decision Report (Section 101, Notification Rules).

5. The Mercy Hospital Zone Topic s42A Report deals primarily with plan provisions included in the Mercy Hospital Zone section of the 2GP. The Mercy Hospital Zone contains provisions which link to most other parts of the 2GP; of particular relevance are Transportation (Section 6), Public Health and Safety (Section 9) and Residential Zones (Section 15).
6. The decisions on those topics should be read in conjunction with this decision.

1.1.1 Structure of Report

7. The Decision Report is structured by topic. The Report does not necessarily discuss every individual submitter or submission point; instead it discusses the matters raised in submissions and records our decisions and reasons on the provisions relevant to each topic¹. Appendix 2 summarises our decision on each provision where there was a

¹ In accordance with Schedule 1, section 10 of the RMA

request for an amendment. The table in Appendix 2 includes provisions changed as a consequence to other decisions.

8. Schedule 1 of the RMA outlines key aspects of the process that must be used to prepare and make decisions on a plan change (including the submission and hearing process)
9. Clause 16(2) of that schedule allows a local authority to make an amendment where the alteration "is of minor effect", and to correct any minor errors, without needing to go through the submission and hearing process.
10. This Decision includes some minor amendments and corrections that were identified by the DCC Reporting Officers and/or by us through the deliberations process. These amendments are referenced in this report as being attributed to "cl.16". These amendments are summarised in Section 4.

1.2 Section 32AA Evaluation

11. Section 32 of the Resource Management Act 1991 (RMA) establishes the framework for assessing proposed objectives, policies and rules. Section 32AA of the RMA requires a further evaluation to be released with decisions, outlining the costs and benefits of any amendments made after the proposed Plan was notified.
12. The evaluation must examine the extent to which each objective is the most appropriate way to achieve the purpose of the RMA and whether, having had regard to their efficiency and effectiveness, the policies and rules proposed are the most appropriate for achieving the objectives. The benefits and costs of the policies and rules, and the risk of acting or not acting, must also be considered.
13. A Section 32AA evaluation has been undertaken for all amendments to the notified Plan. The evaluation is included within the decision reasons in sections 3.0 of this Decision Report.

1.3 Statutory Considerations

14. The matters that must be considered when deciding on submissions on a district plan review are set out in Part 2 (sections 5-8, purpose and principles) and sections 31, 32 and 72-75 of the RMA. District plans must achieve the purpose of the RMA and must assist the council to carry out its functions under the RMA.
15. The s42A Report provided a broad overview of the statutory considerations relevant to this topic. These include:
 - Section 75(3) of the RMA, which requires us to ensure the 2GP gives effect to any National Policy Statement (NPS) or National Environmental Standard (NES) that affects a natural or physical resource that the Plan manages. We note that there are no NPS or NES directly relevant to this particular topic
 - Section 74(2)(a) of the RMA, which requires us to have regard to the proposed Otago Regional Policy Statement (pRPS) and section 75(3)(c) of the RMA, which requires us to ensure the 2GP gives effect to the operative Otago Regional Policy Statement (oRPS). We note that the proposed RPS was notified on 23 May 2015, and decisions released on 1 October 2016. At the time of making these decisions on 2GP submissions some of the proposed RPS decisions are still subject to appeal, and therefore it is not operative
 - Section 74(2)(b)(i), which requires us to have specific regard to any other key strategies prepared under the Local Government Act. The s42A Report highlighted the Dunedin Spatial Plan 2012

as needing to be considered as this DCC strategic document sets the strategic directions for Dunedin's growth and development for the next 30 plus years.

16. These statutory requirements have provided the foundation for our consideration of submissions. We note:
- where submissions have been received seeking an amendment of a provision and that provision has not been amended, we accept the advice in the original s42A Report that the provision as notified complies with the relevant statutory considerations
 - where a submitter has sought an amendment in order to better meet the statutory considerations, we have discussed and responded to these concerns in the decision reasons
 - in some cases, while not specifically raised, we have made amendments to the 2GP as the evidence indicated this would more appropriately achieve these statutory considerations, in these cases we have explained this in our decision reasons
 - where we have amended the 2GP in response to submissions and no parties have raised concerns about the provisions in terms of any statutory considerations, and we have not discussed statutory considerations in our decision, this should be understood to mean that the amendment does not materially affect the 2GP's achievement of these statutory considerations.

2.0 Hearing appearances and evidence presented

17. Table 1 lists submitters who appeared at the hearing and their key points. All evidence can be found on the 2GP Hearing Schedule webpage under the relevant Hearing Topic <https://2gp.dunedin.govt.nz/2gp/hearings-schedule/index.html>

Table 1: Submitters and their key points

Submitter (Submitter Number)	Represented by	Expert evidence, submissions or evidence tabled at the hearing
<i>Mercy Dunedin Hospital Limited (OS 241 and FS 2459)</i>	Ms Bridget Irving (legal counsel)	Tabled statement
	Mr Richard Whitney (CEO, Mercy Hospital)	Appeared at hearing, presentation
	Ms Louise Taylor (planning consultant)	Appeared at hearing, expert planning evidence
	Mr Tony Penny (traffic engineer)	Tabled statement, transport assessment
<i>Ludgate Sharp Family Trust (OS 928 and FS 2436)</i>	Mr Nigel Bryce (planning consultant)	Appeared at hearing, expert planning evidence and tabled statement
	Mr Chris Thompson (legal counsel)	Appeared and presented at hearing
	Ms Marion Read (landscape architect)	Appeared at hearing, expert landscape architecture evidence
	Dr Matthew Ludgate (representative)	Appeared and presented at hearing

18. Appearances for the Dunedin City Council were:
Ms Ann Rodgers (Reporting Officer)
19. Evidence provided by Reporting Officer included:
- Section 42A Report
 - opening statement (tabled and verbal)
 - revised recommendations (tabled and verbal)
 - memorandum comprising revised recommendations (23 November 2016)
20. Planning assistance to the hearing was provided by:
Mr Paul Freeland (Senior Planner)
Dr Anna Johnson (City Development Manager)

3.0 Discussion on provisions sought to be amended

3.1 Vegetation clearance and amenity

3.1.1 Submissions

21. The main issues to arise through submissions were in relation to maintaining amenity for neighbouring residential streets, with concerns expressed regarding the provisions in relation to retention of vegetation on the site, site coverage, and buildings outside the development plan.
22. The *Ludgate Sharp Family Trust* (OS928) submitted on several matters of concern. In broad summary the amendments they sought involved:
 - returning to provisions contained in the operative Plan with respect to:
 - the operative Plan's objectives and policies;
 - buildings that were permitted outside of the Mercy Hospital Development Plan
 - changing the assessment matters related to removing vegetation in the Urban Conservation Management Area (UCMA) to include effects on amenity
 - additional assessment matters for activities other than hospital on site to consider amenity and transport effects
 - a reduction in the signs allowed
 - adding a 'Mercy Vegetation Management Area' (MVMA), in which vegetation clearance (OS928.2, OS928.10 and OS928.3), development (particularly car parking), and lighting (OS928.16) would be restricted; and
 - removing the footprint of building performance standard (Rule 27.6.4) (OS928.7).
23. The *Ludgate Sharp Family Trust* expressed concerns that the 2GP Mercy Hospital Zone represents a "weakening" and "significant liberalisation" of the overarching policy and rule framework that is in the operative Plan. It noted that the most significant area of change in the proposed 2GP relates to permitting buildings outside of the structure plan of up to 100m² in footprint and 9m in height (subject to setbacks and height in relation to boundary standards). This was compared to the operative rules, where all buildings outside of the structure plan (other than accessory buildings no greater than 20m² in area and 3m in height) were a discretionary activity.
24. The *Ludgate Sharp Family Trust* commissioned Ms Marion Read, consultant landscape architect, to prepare a report to assist them in the preparation of their submission (Landscape and Visual Effects Assessment, Read Landscapes, 2015). Many of the amendments sought by the submitter are based on, and generally reflect, the advice received in this report. The submitter's reasons were to prevent the loss of vegetated areas to car parking or the development of large new buildings, and ensure its retention through the management of activities in a suggested new 'Mercy Vegetation Management Area' (MVMA).
25. These concerns were further highlighted in a number of further submissions by the *Ludgate Sharp Family Trust* that also opposed the request to retain Rule 27.6.9 Maximum Building Site Coverage and Impermeable Surfaces (FS2436.11) and

- maximum height (FS2436.10) provisions. Reasons for the submitter's requests related to the need to protect neighbourhood amenity, including by screening views of the Mercy Hospital buildings from neighbouring residential properties through retention of the landscape buffer, as well as concerns about transport effects.
26. Submissions by the *Ludgate Sharp Family Trust* in relation to vegetation clearance and the MVMA, and removal of the footprint of building performance standard, were supported by *Margaret Thomson* (FS2068), *Frederick William Rolfe* (FS2091), *Diane Smith* (FS2099), *Louise Croot* (FS2102) and *James Wilson* (FS2337).
 27. The same further submitters supported the *Ludgate Sharp Family Trust's* request to remove Rule 27.6.4 (Footprint of Building) and instead use Rules 28.5.2(i) and (ii) of the operative District Plan for buildings outside the Structure Plan, as well as Rule 28.5.3(i) for accessory buildings that do not comply with Rule 28.5.2(i) and (ii) and the discretionary activity status applying under 28.5.4(i) of the operative District Plan.
 28. *Mercy Dunedin Hospital Limited* (Mercy), on the other hand, made a number of submissions (OS241) in support of the 2GP's provisions, and they also made further submissions (FS2459) in opposition to the changes sought by the Ludgate Family Trust. Mercy's primary concern with the proposed inclusion of an MVMA was that a large proportion of the landscaped areas in the Mercy Hospital grounds would be captured by the proposed mapped area. Therefore, provisions associated with the mapped area would require restricted discretionary resource consents for small-scale vegetation clearance and development activities. Mercy supported retaining vegetation clearance as a permitted activity, but suggested amending Rule 27.3.4.16 to exclude the removal or modification of vegetation identified in Schedule A1.3 (OS241.39). The submitter noted that Mercy Hospital is in private ownership and landscaping is undertaken in line with the operational and functional requirements of the hospital. It considered the submissions did not recognise the primary purpose of the Mercy Hospital Zone, as it is redundant in terms of the management of adverse effects on surrounding amenity and would unduly constrain efficient and effective hospital services.
 29. In a related submission *Mercy Dunedin Hospital Limited* (OS241.14) sought amendments to Policy 27.2.2.1. This currently reads as follows:

Require buildings and structures to be either:

 - a. in accordance with the Mercy Hospital development plan; or
 - b. of a height, setback from boundaries and size that ensures:
 - i. there are no more than minor effects on the sunlight access and privacy of current and potential future residential buildings and their outdoor living spaces; and
 - ii. any adverse effects on neighbourhood amenity are avoided or, if avoidance is not possible, are no more than minor.
 30. The submitter requested the removal of the words 'current and future' in clause (b)(i), and amendments to clause b(ii), as follows:

~~any~~ adverse effects on neighbourhood amenity are avoided, remedied
or, ~~if avoidance is not possible, are no more than minor~~ mitigated.
 31. The submitter considered that the clause as proposed is unnecessarily onerous in its reference to 'potential future' development and will be impractical when implemented. The submitter also noted that (b) (ii) can be amended to focus on the management of adverse effects to be more consistent with Section 5 of the RMA. The submitter requested the deletion of the term 'any' as it could arguably require the mitigation of effects that are less than minor.
 32. *Ludgate Sharp Family Trust* (FS2436.1) opposed the submission by *Mercy Dunedin Hospital Limited* (OS241.14) and considered that any development within the 2GP Mercy Hospital Zone should be undertaken with consideration that adjoining residential properties are able to develop within the parameters set for these residential zones and there is no justification for the removal of 'these effects are no more than minor' from clause (b)(ii). The submitter requested that the policy should be retained as notified.

3.1.2 s42A Report

33. The Reporting Officer, Ms Ann Rodgers, recommended that the submission points on provisions relating to a new vegetation management area by the *Ludgate Sharp Family Trust* (OS928) be rejected (s42A Report, Section 5.4.8, pp. 36-40).
34. The main reasons for her recommendation were:
 - there was already adequate protection of vegetation on the site – of particular note there is an Urban Conservation Management Area (UCMA) on the site, there are also 16 trees included in Schedule A1.3 (Schedule of Trees);
 - the area suggested for the MVMA effectively covered most of the areas outside the Mercy Hospital Development Plan area (Appendix 27A) and the mapped UCMA, thereby requiring consent for most development that would take place on the site;
 - the submitter had not sought that the trees identified by Ms Read as important, be scheduled, which she believed was the more appropriate mechanism to protect them if indeed they were significant; and
 - the level of protection was out of kilter with the level of development that would be allowed if the Hospital closed, as in that case, parts of the site outside the UCMA would default to General Residential 1 Zone, and enable residential development at a density of 100m² per habitable room with a minimum site size of 500m².
35. Overall, the Reporting Officer did not consider it to be necessary or appropriate to further limit vegetation clearance on the site beyond that which already existed in terms of the Mercy Hospital Development Plan, provisions relating to the UCMA and scheduled trees on the site.
36. Ms Rodgers did not support the submission to remove Rule 27.6.4 (Footprint of Building) and instead use Rules 28.5.2(i) and (ii) of the operative District Plan for buildings outside the Structure Plan, as well as Rule 28.5.3(i) for accessory buildings that do not comply with Rule 28.5.2(i) and (ii) and the discretionary activity status applying under 28.5.4(i) of the operative District Plan.
37. With regard to the maximum height and footprint of building performance standards (rules 27.6.6.2 and 27.6.4 respectively), she explained that the 2GP, as notified, provided for buildings of up to 100m² in floor area and 9m in height. She commented that in her opinion, the level of development permitted by the proposed 2GP is appropriate and the increase in scale of accessory buildings on the site is unlikely to result in large numbers of such buildings being constructed on the site. A building with a floor area of 20m² and a maximum height of 3m (as provided for in the operative District Plan) she argued was very restrictive. It is a large site and constraints are already in place in terms of the UCMA and the number of scheduled trees (s42A Report, Section 5.12.4, pp. 76-78).
38. She also highlighted that consents for buildings that exceeded this standard would provide the opportunity for consideration of the merits of removal of any additional vegetation.
39. The amendments sought to Policy 27.2.2.1 by Mercy Hospital were addressed as part of the plan drafting advice by Dr Johnson in her report on the Plan Overview section (Plan Overview s42A Report, Section 4.9, p. 26, paragraph 138). Dr Johnson recommend that this change (in terms of drafting) should be rejected in so far “as it does not provide any guidance in terms of a preference for effects being avoided, remedied, or mitigated, which equates to saying that any level of mitigation is acceptable.” Her advice was that any amendment should clearly state the outcome to be achieved, and provide guidance as to an acceptable level of mitigation (if the Panel decide that there should be no preference for avoidance of effects).
40. For reasons of achieving drafting consistency across the Plan, and for the rationale provided above, Ms Rodgers recommended the submission by *Mercy Dunedin Hospital Limited* (OS241.14) is rejected and the submission by the *Ludgate Sharp Family Trust* (FS2436.1) is accepted (s42A Report, Section 5.5.1, p. 42).

3.1.3 Hearing evidence

41. Mr Richard Whitney, CEO of Mercy Dunedin Hospital Limited, remarked that maintaining residential amenity values has been a recognised requirement and preference of Mercy's. However, he also noted that blanket vegetation protection as requested by some submitters would be a significant impediment to the ongoing management and amenity development of the site (Statement of Evidence, p. 6).
42. Ms Louise Taylor, the consultant planner called by *Mercy Dunedin Hospital Limited*, stated that to reinforce *Mercy's* intent to maintain a landscaped screen between its site and the residential development along Newington Avenue, *Mercy* was willing to amend the Development Plan to include a 10m-wide strip of land termed 'Amenity Planting Area' along the Newington Avenue boundary (Statement of Evidence, p. 17). However, she agreed with the Reporting Officer's recommendation to reject the submitter's proposed Rule 27.3.4.18 requiring restricted discretionary consent for on-site lighting in this area (Statement of Evidence, p. 14).
43. Ms Taylor said she considered that, from an operational perspective, the proposed increase to the permitted building footprint is a significant improvement. However, she noted that *Mercy* anticipates that any development outside of the Development Plan is likely to be single storey, and the proposed permitted 9 metre height limit is therefore potentially unnecessary. Ms Taylor said that in her opinion if the permitted activity performance standard for maximum height is reduced to 5 metres, and a development complies with this as well as the other relevant performance standards, any resulting adverse effects on residential amenity will be less than minor (Statement of Evidence, pp. 19-20). Ms Bridget Irving, legal counsel for *Mercy*, further commented that this standard of control essentially reduces the scale of the proposed buildings to less than what might be anticipated in a residential setting but providing *Mercy* with some flexibility (Statement of Evidence, pp. 11-12).
44. With regard to Policy 27.2.2.1, Ms Taylor remarked that she considers that the intent of the policy (to manage adverse effects on residential and neighbourhood amenity) is satisfied by the changes sought in the opposing submission.
45. Ms Marion Read, landscape architect, was called by the *Ludgate Sharp Family Trust*. She discussed how the visual amenity of the Mercy Hospital Zone contributes to the 'green and leafy' residential character of the neighbourhood. She made particular note of the vegetation adjacent to Newington Avenue and to the south of Tolcarne Avenue, which provides a high level of visual screening of the hospital and clinic buildings which are "large and incongruous" within a residential neighbourhood (Statement of Evidence, p. 3).
46. She noted that under the 2GP, buildings outside of the structure plan of up to 100m² in footprint and 9m in height, subject to recession planes and setbacks, are to be a permitted activity. She considered this to be an "inappropriate liberalisation of the zone". She noted that the construction of buildings outside the structure zone would almost certainly require the removal of vegetation (Statement of Evidence, pp. 11-14).
47. Ms Read described the fundamental issue to be how any development within the zone which does not comply with the development plan, should be managed so as to avoid, mitigate or remedy adverse effects on the landscape character and visual amenity of the surrounding neighbourhood. She noted that all the development which has occurred since the zone became operative has been outside of the structure plan. Where this has become contentious is with regard to the removal of vegetation and its close proximity to the zone boundary. She said, "It is my opinion that such interface issues will continue to be problematic unless an effective management regime is included within the 2GP" (Statement of Evidence, pp. 11-14).
48. Mr Matthew Ludgate, for the *Ludgate Sharp Family Trust*, expressed his concerns that, despite the amenity objectives of the operative and proposed 2GP Plans, the removal of the majority of the vegetation on site is a permitted activity. He remarked that without the adoption of a vegetation management area (as proposed by the submitter)

- key areas of vegetation are at risk of being removed without the requirement for any consent (Statement of Evidence, p. 4).
49. Mr Ludgate said that further development within the Mercy site has the potential to create a significant amount of exterior lighting, for example the lighting associated with a large car park. He considered that developing controls (as, or similar to, that requested by the submitter) with regard to lighting would not be overly onerous to *Mercy*, but would help mitigate the adverse effects to a greater degree than the proposed 2GP (Statement of Evidence, p. 6).
 50. He also commented that *Mercy's* suggestion to reduce the maximum permitted height of buildings outside the development plan to 5m is an improvement. However, with regard to the building footprint, the submitter considered that given the range of hospital activities enabled by the 2GP, it is more appropriate to set a limit to 20m² for single storey accessory buildings (Statement of Evidence, p. 7).
 51. Mr Nigel Bryce, consultant planner called by the *Ludgate Sharp Family Trust*, expressed concern about the "ineffective nature" of the 2GP rule framework to control the effects of buildings. He argued that the level of additional building coverage permitted outside of the 2GP *Mercy* Development Plan is "both enabling and has the potential to generate adverse cumulative effects". He noted that existing and consented buildings, and the additional developable area provided within the 2GP *Mercy* development plan, comprises around only 21% building coverage. However, Rule 27.6.9 would provide for much greater development on site, with site coverage of up to 40%, and impermeable surfaces coverage of up to 70%, essentially almost doubling the maximum building coverage levels permitted by the Operative *Mercy* Structure Plan and buildings already consented (Statement of Evidence, p. 17).
 52. Ms Read also shared concern regarding the proposed rules relating to site coverage. She expressed her view that an increase of such proportions (95% anticipated by this rule), is not compatible with the intention of "appropriately manag[ing] any adverse effects on the surrounding residential zone", or with the retention of any of the unprotected vegetation within the zone (Statement of Evidence, p. 17).
 53. With regards to landscaping, she commented that the 2GP does reference this; requiring that landscaping be undertaken when a car park is located within 5m of a road boundary, and it must be at least 1.5m in depth and include a tree every 5m. She considered that this control is not adequate to ensure that the amenity of neighbours was maintained either visually or in terms of screening them from car park lighting and headlights at night.
 54. She noted that buildings which do not comply with the structure plan must be set back from boundaries by 4.5m. Where no consent is required, no landscaping would be required, either to replace the vegetation, or to provide screening or softening of the built form from outside of the zone.
 55. On the contrary, Ms Taylor supported for the Maximum Building Site Coverage and Impermeable Surfaces performance standard (Rule 27.6.9), noting that the various site constraints and car parking demand prevent the possibility of extensive cumulative development of buildings outside the Development Plan area (Statement of Evidence, p. 20).
 56. Mr Bryce also argued that the operative Plan's *Mercy* Zone provisions were intentionally restrictive in nature, to avoid development occurring closer to adjoining residential areas bordering the *Mercy* Hospital site. This meant that any such development had to be assessed via whichever resource consent process is appropriate.
 57. He further noted "the enabling nature" of the footprint of building performance standard and Rule 27.6.6.2 (maximum height) under the 2GP, creates a compelling baseline for buildings to be located outside of the *Mercy* Development Plan area, and increases the potential for adverse effects to be generated on adjoining residential properties (Statement of Evidence, p. 15). Mr Bryce suggested reducing the maximum height to 3 metres above ground level (Statement of Evidence, p. 22).

58. Mr Bryce also questioned whether Policy 27.2.2.1 should be amended to provide for specific guidance on those likely effects from buildings and structures being sited outside of the 2GP Mercy Development Plan. He said that cumulative effects within the overarching policy framework of the Mercy Hospital Zone is an important consideration and should be reflected in this policy (Statement of Evidence, pp. 18-19).
59. He therefore recommended that Policy 27.2.2.1 be amended as follows:
- "Require buildings and structures and associated land use activities to be either:
- (a) in accordance with the Mercy Hospital ~~development plan~~ structure plan; or
- (b) of a height, setback from boundaries and size that ensures:
- (i) there are no more than minor effects on the sunlight access and privacy of current and potential future residential buildings and their outdoor living spaces; and
- (ii) any adverse effects on ~~neighbourhood~~ amenity of the surrounding residential environment are avoided or, if avoidance is not possible, are no more than minor in extent and shall include consideration given to:
- the visual effects of buildings and car parks;
 - loss of existing vegetation;
 - any proposed lighting and signage; and
 - any cumulative effects."

3.1.4 Revised recommendations

60. Expert witness conferencing was undertaken on 31 October 2016, with planning experts representing *Mercy Dunedin Hospital Limited* (Ms Louise Taylor), the *Ludgate Sharp Family Trust* (Mr Nigel Bryce) and the Dunedin City Council (Ms Ann Rodgers).
61. The main focus was in relation to the removal of vegetation, the visual effects caused by the institutional nature of some of the buildings and the interface between the Mercy site and the adjoining residential zone. The experts signed an agreement that the most appropriate method for control of vegetation would be implemented through an amendment to the Development Plan to include an 'amenity planting area' and restrictions on vegetation clearance in the area (Reporting Officer's Revised Recommendations, p. 1).
62. *Mercy Dunedin Hospital Limited* and the *Ludgate Sharp Family Trust* also engaged in further discussions relating to the extent of the proposed amenity planting area and prepared a Joint Memorandum of Counsel. They agreed, through the Memorandum of Counsel issued 16 November 2016, on the extent of the amenity planting area.
63. The Reporting Officer then provided revised recommendations on vegetation clearance and the amenity planting area, which generally reflected the outcomes of these discussions. Ms Rodgers said that she was not convinced there is a need for an amenity planting area, given the controls that already exist on the site in terms of the UCMA and number of scheduled trees. However, she was cognisant that during the Joint Memorandum of Counsel the parties had agreed upon the extent of the amenity planting area. She therefore recommended that the amenity planting area be included in the 2GP through the Development Plan, to assist in the provision of screening between the Mercy site and the adjoining Residential Zone.
64. Subsequently, she recommended an amendment to the Maximum Area of Vegetation Clearance performance standard (Rule 27.6.9) for the inclusion of performance standards for vegetation clearance in the amenity planting area. She also recommended a consequential amendment to Policy 27.2.2.3, and the assessment matters (Rule 27.9.4), to provide support for the new vegetation clearance standard area, as follows:

Rule 27.6.9 Maximum Area of Vegetation Clearance

- a. Vegetation clearance in an urban conservation mapped area (UCMA) must comply with Rule 10.3.2.1.
- b. Vegetation clearance in the Amenity Planting Area shown on the Mercy Hospital Development Plan (Appendix 27A) must not exceed 20m² over a three year period, except for the following instances which are exempt from this standard:
 - a. Removal of vegetation with a trunk diameter of less than 15cm at 1.5m above ground level;
 - b. The pruning of any tree with a trunk diameter of more than 15cm at 1.5m above ground level for the maintenance of its health;
 - c. The clearance of any defined pest species, dead vegetation, vegetation that is in terminal decline or vegetation with extreme failure;
 - d. The clearance of vegetation for the construction, maintenance or alteration of fences, gates, drainage, utilities or access; and
 - e. The clearance of vegetation for the safety of persons or property.

Policy 27.2.2.3

Require landscaping of the boundary of parking areas where adjacent to a road frontage and the maintenance of an amenity planting area to screen or soften these areas car parking areas and large buildings and ensure a high standard of visual amenity ~~where viewed from the road~~ from surrounding residential sites and areas.

- 65. From the expert witness conferencing all parties had agreed that the maximum permitted height could be reduced from 9 metres to 5 metres, but they were unable to come to an agreement regarding the allowance for 100m² buildings and 40% site coverage, outside of the Development Plan (Memorandum of Revised Recommendations, p. 2).
- 66. In relation to this, the Reporting Officer noted that development on the Mercy site is constrained by the UCMA over part of the site, the topography, as well as being further limited by the requirement to provide on-site car parking. She confirmed her opinion that the retention of Rule 27.6.4 (Footprint of Building) will not adversely affect the amenity of the neighbouring property owners, while providing flexibility for Mercy in terms of development on the site (Memorandum of Revised Recommendations, p. 4).
- 67. She recommended that the requirements of the footprint of building be amended and included a new performance standard which incorporates the agreed reduction in height to 5m and the limit on buildings being for accessory purposes (i.e., not for clinical services), as follows:

Rule 27.6.13 Location of Development

New buildings and structures, additions and alterations, and car parking must be in accordance with the Mercy Hospital Development Plan except that:

New buildings up to 100m² and no greater than 5m in height used for accessory purposes (not for clinical services) are permitted outside of the Amenity Planting Area.

- 68. The Reporting Officer noted that this also required consequential amendments to the activity status table and assessment matters.
- 69. With regard to the maximum building site coverage and impermeable surfaces performance standard (Rule 27.6.9), she noted that there are standard provisions for impermeable surfaces throughout the 2GP and these were supported by the DCC Water and Waste Services Department. She considered that this rule seems somewhat redundant in relation to the Mercy Hospital Zone, given the restrictions in terms of the Development Plan, UCMA, Scheduled Trees and the new proposed amenity planting area, which will further limit development and propensity for stormwater run-off.
- 70. She therefore recommended that Rule 27.6.9 and related assessment rule 27.9.4.12 be deleted as a consequential change to the other amendments. She also

recommended a minor amendment to the boundary setbacks performance standard (Rule 27.6.12.1) to combine clause (a) and (b).

3.1.5 Decisions and reasons

3.1.5.1 Amenity Planting Area

71. We accept the submissions by the *Ludgate Sharp Family Trust* (OS928.10 and OS928.2) to include a vegetation management area (which was subsequently renamed 'amenity planting area' through expert caucusing) and based on the location and size agreed between the parties in the Memorandum of Counsel.
72. The reason for our decision is that we accept the agreed outcome between the planning experts representing the various parties as being appropriate by providing a balance between enabling Mercy to operate and develop into the future, while maintaining a reasonable level of amenity for neighbouring properties.
73. As per the Memorandum of Counsel, the amenity planting area will be implemented through the inclusion of a performance standard on all development activities. Within this area vegetation clearance will be limited through the performance standard.
74. We have made some amendments to the final wording of the provisions from that which arose from expert caucusing, in order to improve the clarity and workability of the standard. As a consequence, we have also added a new policy to support the assessment of consent applications for clearance that contravenes the standards. Non-compliance with the standard is a discretionary activity, the same status as for buildings and structures activities not in accordance with the development plan or as otherwise permitted for in the rules (see decision below regarding footprint of building standard).
75. To implement this decision, we have made the following amendments (attributed to submission reference Mer 928.2 and Mer 928.10):
 - Amended the Development Plan in Appendix 27A to include the 'amenity planting area'.
 - Added a new performance standard as follows:

27.6.X Amenity Planting Area {Mer 928.10 and 928.2}

 1. The Amenity Planting Area shown on the Mercy Hospital Development Plan must be maintained to provide visual screening from the neighbouring residential zone, including by replanting, if required, to maintain a similar level of screening (as was present on 26.9.15) and limiting vegetation clearance to: {Mer 928.10 and 928.2}
 - a. The pruning of any tree for the maintenance of its health; {Mer 928.10 and 928.2}
 - b. The clearance of any defined pest species, dead vegetation, vegetation that is in terminal decline or vegetation with extreme failure; {Mer 928.10 and 928.2}
 - c. The clearance of vegetation for the construction, maintenance or alteration of fences, gates, drainage, utilities or access; and {Mer 928.10 and 928.2}
 - d. The clearance of vegetation for the safety of persons or property. {Mer 928.10 and 928.2}
 2. Activities that contravene Rule 27.6.1.3 are a discretionary activity. {Mer 928.10 and 928.2}
 - Added new Policy 27.2.2.7 as follows:

Require the maintenance of the Amenity Planting Area as shown on the Mercy Development Plan, unless any changes to this area will have no more than minor effects on the visual amenity from surrounding residential sites and areas. {Mer 928.10 and 928.2}

- Amended the activity status table (Rule 27.3.4) to include the requirement for all development activities to meet the amenity planting area performance standard (Rule 27.6.X)
- Added a new assessment matter in Rule 27.11.3 Assessment of discretionary performance standards for 'Amenity planting area' linked to Policy 27.2.2.7

3.1.5.2 Footprint of building standard, height, and related policies

76. We accept in part the submission by the *Ludgate Sharp Family Trust* (Mer 928.7) to amend the standards on buildings that are permitted that are not in accordance with the development plan to reduce the permitted size of these buildings from 100m² to 40m² and from 9m to 5m in height.
77. We have partly accepted the recommendations by Mr Bryce, in terms of his recommendations for clarifications of the matters to be considered under Policy 27.2.2.1, we have done this primarily by incorporating some his more specific suggestions regarding aspects of amenity which need to be assessed into the assessment guidance rather than the policy itself, in accordance with the general drafting protocol used in the Plan.
78. The reasons for our decision are that we acknowledge the Reporting Officer's contention that a number of factors will constrain development so that it may not reach the standards allowable under the rules as notified, however the amendments we have made will provide certainty for neighbours whilst allowing Mercy to plan for the future.
79. We also note that the reduced height limit was supported by Ms Taylor, who said that in her opinion if the permitted activity performance standard for maximum height is reduced to 5 metres, and a development complies with this as well as the other relevant performance standards, any resulting adverse effects on residential amenity will be less than minor. We also note the statement of Ms Irving, who said that this standard of control essentially reduces the scale of the proposed buildings to less than what might be anticipated in a residential setting but providing Mercy with some flexibility.
80. Other amendments we have made (attributed to submission reference Mer 928.7) are as follows:
 - Renamed the footprint of building standard to: "Small scale buildings and structures" and incorporated into this standard the maximum height and height in relation to boundary, and boundary setbacks standards (subject to other amendments where made).
 - Amended the (renamed) performance standard "small scale buildings and structures" (Rule 27.6.4) as follows:
 - Changed the footprint threshold from 100m² to 40m²
 - Added the height standards from Rule 27.6.6 but amended the maximum height to 5m. This resulted in the consequential deletion of the Height standard - Rule 27.6.6 as this content is being moved (cl. 16).
 - Added the boundary setback standard in 27.6.12.1 (and a consequential deletion of rule 27.6.12.1, and moved 27.6.12.2 into the parent level 27.6.12)). In moving this standard, we have also combined clause a and b as a clause 16 change as suggested by the Reporting Officer
 - Added a standard for 'use' which limits the use of buildings to 'non-clinical purposes', which defaults to discretionary if contravened
 - Contravention of this performance standard is a discretionary activity, except for the boundary setbacks, height and height in relation to boundary

components, which represents the same as for the notified plan for footprint of building.

- Amended the activity status table (Rule 27.3.4) to refer to the new performance standard name
- Amended the assessment of “footprint of building” standard in Rule 27.11.3 to refer to the new name
- Amended Policy 27.2.2.1 to reflect the changes to the standard (following the drafting protocol) as follows:

Require Only allow {Mer 928.7} buildings and structures that are to be {Mer 928.7} either:

- a. in accordance with the Mercy Hospital development plan; or
- b. of a height, setback from boundaries, purpose {Mer 928.7} and size that ensures:
 - i. there are no more than minor effects on the sunlight access and privacy of current and potential future residential buildings and their outdoor living spaces; and
 - ii. any adverse effects on neighbourhood amenity are avoided or, if avoidance is not possible practicable {PO 908.3 and others}, are no more than minor.
- Amended the assessment of contravention of the footprint of building to reflect the amendments above as well as add guidance to support the consideration of Policy 27.2.2.1, based on the matters raised by Mr Bryce:
- d. In considering the effects on the amenity of surrounding properties, Council will consider the following effects: {Mer 928.7}
 - i. the visual effects of buildings and car parks: {Mer 928.7}
 - ii. loss of existing vegetation: {Mer 928.7}
 - iii. any proposed lighting and signage; and {Mer 928.7}
 - iv. any cumulative effects. {Mer 928.7}

81. We have also accepted the submission by *Ludgate Sharp Family Trust* (OS928) in so far as it sought to return to the operative provisions by not including a Maximum Building Site Coverage and Impermeable Surfaces performance standard (Rule 27.6.9). Our reasons are that we agree with the evidence of Mr Bryce that the levels set by this standard are unrealistically high, and could send the wrong message and raise expectations of Mercy and anxiety of neighbours, about the level of development anticipated in the zone.
82. To implement this decision, we have made the following changes (attributed to submission reference Mer 928):
- Deleted Rule 27.6.9
 - Removed reference to this rule in the activity status table (27.3.4.1.a)
 - Removed the related assessment Rule 27.9.4.12.
83. All of these changes are shown in Appendix 1.

3.2 Landscaping around car parking areas (Policy 27.2.2.3 and Rule 27.6.1)

84. Policy 27.2.2.3 is as follows:

"Require landscaping of the boundary of parking areas where adjacent to a road frontage to screen or soften these areas and ensure a high standard of visual amenity where viewed from the road."

85. Rule 27.6.1 Boundary Treatments and Other Landscaping is as follows:

1. *"Where a parking area is built within 5m of a road frontage, a landscaping area with a minimum 1.5m width must be provided along the full length of the road frontage (except for where vehicle access is provided), with an average of one tree for every 5m of frontage."*
2. *Landscaping areas must:*
 - a. *have an average of one tree for every 5m of frontage;*
 - b. *not have more than 10% cover in impermeable surfaces (for pedestrian paths);*
 - c. *be designed to allow surface water run-off from surrounding areas to enter;*
 - d. *be protected by a physical barrier that prevents cars from accidentally driving into or damaging plants;*
 - e. *be planted prior to occupation or completion of any relevant building(s) or site development; and*
 - f. *be maintained to a high standard, which means trees and under-planting are healthy and areas are regularly cleared of rubbish and weeds."*

86. *Mercy Dunedin Hospital Limited* (OS241.46) sought to amend clause (1) of Rule (27.6.1) as follows:

Other than on the Burwood Avenue frontage where a minimum 500mm landscaping strip is required, where a parking area is built within 5m of a road frontage, a landscaping area with a minimum 1.5m width must be provided along the full length of the road frontage which corresponds to the car park (except for where vehicle access is provided), with an average of one tree for every 5m of frontage.

87. A further submission was received from *Ludgate Sharp Family Trust* (FS2436.8) opposing that submission.

88. *Mercy Dunedin Hospital Limited* (OS241.17) also opposed Policy 27.2.2.3 and sought that it be amended to remove the words 'and ensure a high standard of visual amenity'. The submitter considered it appropriate to require landscaping to screen or soften car parking areas from the roadside, but that it is not necessary to require a high standard of visual amenity as this may raise the expectation of neighbours in terms of the type and level of development expected at the site, and their level of input into such development. The submitter noted that *Mercy* is a working hospital and while it has extensive landscaping, it is a busy operation which needs to provide for cars, traffic and infrastructure throughout the site.

89. The *Ludgate Sharp Family Trust* (FS2436.4) opposed the above submission because it considered the establishment of large areas of car parking in close proximity to the adjoining road boundary could result in significant loss of existing vegetation and the opening up of the site to view from adjoining residential properties. It said that unless appropriately mitigated with extensive planting along the front road boundary, there is

the potential for this form of development to erode the residential amenity values for adjoining properties.

90. The Reporting Officer responded by saying that Rule 27.6.1 is replicated across all major facility hospital zones, and there are a number of other major facilities which have adjoining residential activities. She said the provision is designed to soften the effect of large areas of hard sealed areas close to road boundaries (s42A Report, Section 5.12.2, p. 72).
91. The Reporting Officer noted that there is an existing lawfully established car park along the Burwood Avenue frontage already and so the effects have already been established. She, therefore, considered that requested amendments were not necessary but did, however, recommend for clarity adding the words 'which corresponds to the car park'. She subsequently recommended that the submissions by both *Mercy Dunedin Hospital Limited* (OS241.46) and the *Ludgate Sharp Family Trust* (FS2436.8) are accepted, in part.
92. The Reporting Officer explained that Policy 27.2.2.3 sets up the performance standard which requires landscaping of the boundary of parking areas adjacent to a road frontage. In the event that the performance standard is not met she considered it to be appropriate that there be a qualitative element for assessment included in the policy. She considered that should Mercy Hospital wish to take an alternative approach to management of effects, in terms of the amenity of surrounding residential properties, then this should be required to be to a high standard.
93. Ms Taylor stated that in order to facilitate efficient consenting and compliance assessment processes, she prefers the policy wording proposed by the submitter (*Mercy*). She considered that it deletes a qualitative requirement for landscaping to be of "a high standard", but retains the more quantitative component of the policy. That is, landscaping must be sufficient to screen or soften parking areas adjacent to a road frontage (Statement of Evidence, p. 26).
94. Mr Bryce said he supported the Reporting Officer's recommendation to retain Policy 27.2.2.3, and confirmed that this addressed the *Ludgate Sharp Family Trust's* relief sought in their further submission (Statement of Evidence, p. 3).
95. In the Memorandum dated 23 November 2016 addressing her revised recommendations, the Reporting Officer discussed how an amenity planting area had been agreed upon (and this is discussed in more detail in Section 3.1). This will be included in the Development Plan and assists in providing screening between the Mercy site and the adjoining residential zone.
96. She therefore recommended amending Policy 27.2.2.3 to provide support for the new vegetation clearance standard tied to this amenity area as follows:

Require landscaping of the boundary of parking areas where adjacent to a road frontage and the maintenance of an amenity planting area to screen or soften car parking these areas and large buildings and ensure a high standard of visual amenity ~~where viewed from the road~~ from surrounding residential sites and public areas.
97. However, we note that the change from assessing the visual amenity from "where viewed from the road" to "from surrounding residential sites and public areas" appears to be outside of the scope of the original submission by Mercy Hospital. We consider there would only have been scope for this if there was similar wording in the operative Plan's policies 28.3.3 or 28.3.4, as this was part of *Ludgate Sharp Family Trust's* general submission point requesting a return to the operative District Plan, which does not appear to be the case.

3.2.1 Decisions and reasons

98. We reject the submission by *Mercy Dunedin Hospital Limited* (OS241.17) to amend Policy 27.2.2.3 by removing the wording 'ensure a high standard of visual amenity'.

99. The reasons for our decision are that we accept the advice of the Reporting Officer that the Plan sets out a standard for landscaping alongside parking areas to achieve this policy. Should an alternative approach to management of effects in terms of the amenity of surrounding residential properties be sought, she considered that this is an appropriate test to ensure that the alternative screening is to a high standard.
100. We note that we have also not accepted the other recommended changes to Policy 27.2.2.3 and instead have included the policy to support the new Amenity Planting Area standard in a new policy 27.6.X (see Section 3.1 of this report).
101. We also accept the advice of the Reporting Officer to include reference to landscaping which corresponds to the car park frontage. However, we have amended her recommended wording to make it clear that the policy is concerned with the planting of the area between any new parking area and the road.
102. With consideration of evidence and the Reporting Officer's recommendation, we have made the following amendments (attributed to submission reference Mer 241.46):

3.2.2. Boundary Treatments and Other Landscaping Screening of parking areas

1. Where any part {Mer 241.46} of a parking area is built within 5m of a road frontage, a landscaping area with a minimum 1.5m width must be provided between that part of the parking area and along the full length of {Mer 241.46} the road frontage (except for where vehicle access is provided), ~~with an average of one tree for every 5m of frontage.~~ {Mer cl. 16}
 2. Landscaping areas required by 27.6.1.1 a {Mer cl. 16} must:
 - a. have an average of one tree for every 5m of frontage;
 - b. not have more than 10% cover in impermeable surfaces (for pedestrian paths);
 - c. be designed to allow surface water run-off from surrounding areas to enter;
 - d. be protected by a physical barrier that prevents cars from ~~accidentally driving into or~~ damaging plants; {PO 360.213}
 - e. be planted prior to occupation ~~or completion~~ of any relevant building(s) or upon completion of site development activities {MF cl.16}; and
 - f. be maintained to a high standard, which means trees and under-planting are healthy and areas are regularly cleared of rubbish and weeds.
 3. Activities that contravene this performance standard are restricted discretionary activities. {PO cl.16}
103. We also make consequential amendments to the activity status table (27.3.4) under clause (13) and (14), as well as to the assessment of development performance standard contraventions (Rule 27.9.4) under clause (2), to reflect the change in the name of Rule 27.6.1.

3.3 Service areas

104. Policy 27.2.2.2 is as follows:

Require development to maintain or enhance neighbourhood amenity by ensuring service areas are not visible from ground level outside the site.
105. Service areas are defined in the 2GP as follows:

An outdoor area provided to store rubbish and recycling.
Service areas are a sub-activity of outdoor storage.

106. The activity status of service areas is permitted (Rule 27.3.4.12), with the location and screening of service areas a performance standard (Rule 27.6.7).
107. Rule 27.6.7 reads as follows:
1. Service areas must be located or screened so that they are not visible at ground level from adjacent residential activities, residential zoned properties, or public places.
 2. Service areas must not encroach into required parking, loading or manoeuvring areas.
108. *Mercy Dunedin Hospital Limited* requested a number of amendments in relation to service areas. The changes sought included:
- Remove Policy 27.2.2.2 (OS241.15);
 - Amend the activity status (Rule 27.3.4.12) to remove the requirement to meet the screening of service areas performance standard (OS241.35); and
 - Amend the performance standard (Rule 27.6.7) to remove reference to the screening of service areas (remove from title and delete first clause) (OS241.53).
109. The submitter's reasons were that it considered the Policy 27.2.2.2 unduly onerous, as it does not clearly or reasonably relate to the management of effects associated with the hospital land use. Further, that partial visibility of service areas from outside the site is not considered likely to give rise to any adverse effects on neighbourhood amenity.
110. In relation to Rule 27.3.4.12, the submitter considered that it is appropriate to provide for the development of service areas as a permitted activity, given the limited potential impact associated with service areas and the ample ability to manage any potential effects.
111. The submitter considered the first clause of Rule 27.6.7 is unduly onerous and noted the topography of land in the Mercy Hospital Zone means that screening from all external views is not feasible.
112. The *Ludgate Sharp Family Trust* (FS2436.2, FS2436.5 and FS2436.6, respectively) opposed the above mentioned submissions, stating that there are a range of mitigation options available to give effect to the direction of this policy. It further noted that the relief sought by Mercy would remove the requirement for service areas to be screened so that they are not visible at ground level from adjacent residential activities, residential zoned properties, or public spaces.
113. The Reporting Officer said that outdoor service areas used for storage of rubbish and recycling have the potential to adversely affect the amenity of the surrounding residential properties, and this should be mitigated by requiring these areas to be screened. She noted that location and screening of service areas is required throughout the 2GP and she believes this is appropriate.
114. Ms Taylor stated that due to the topography of the area, screening of service areas from all external views may not be a practicable outcome. That is, persons standing at ground level, but in an elevated location, may obtain views down into the site past any ground level screening into service areas. Essentially, the provisions may require service areas in some parts of the site to be either provided with extremely high screens or else fitted with roofing. She said this is not practicable insofar as service areas are generally attended by service vehicles (rubbish and delivery trucks).

115. She confirmed her view that Policy 27.2.2.2 should be deleted in its entirety, screening should not be referenced in Rule 27.3.4.12, and that sub-clause (1) should be deleted from Rule 27.6.7 (Statement of Evidence, p. 4).

3.3.1 Decisions and reasons

116. We reject the submissions by *Mercy Dunedin Hospital Limited* (OS241.15, OS241.35 and OS241.53) for the reasons outlined by the Reporting Officer and accept the submissions by the *Ludgate Sharp Family Trust* (FS2436.2, FS2436.5 and FS2436.6) to retain Policy 27.2.2.2, the activity status (Rule 27.3.4.12) and performance standard (Rule 27.6.7), as notified.
117. The reasons for our decision are that we acknowledge the concerns expressed by *Mercy* as to the practicalities of meeting these standards in accordance with the strict letter of the law, however, we note the Reporting Officer's advice that these are applied elsewhere throughout the City. On balance, we are not convinced of the need to remove these provisions or to make an exception for the Mercy site.

3.4 Signage

3.4.1 Policy 27.2.2.5

118. *Mercy Dunedin Hospital Limited* (OS241.18) opposed Policy 27.2.2.5 as notified in the 2GP which reads as follows:

Require ancillary signs visible from outside the zone to be located and designed to maintain streetscape amenity, including by being of an appropriate size and number to convey information about the name, location and nature of the activity on-site to passing pedestrians and vehicles, and not being oversized or too numerous for that purpose.

119. The submitter sought an amendment, as follows:

Require ancillary signs visible from outside the zone to be located and designed to maintain streetscape amenity, ~~including by being of an appropriate size and number to~~ while conveying information about the name, location and nature of the activity onsite, ~~to passing pedestrians and vehicles, and not being oversized or too numerous for that purpose.~~

120. The submitter considered the policy's reference to size and number of ancillary signs to be ambiguous and extending to a level of detail that would be better contained in rules. It also noted that the reference to the audience of the signs is irrelevant for the purpose of assessment.
121. The Reporting Officer agreed with the submitter that the policy as currently written, includes a high level of detail which is refined in the rules giving effect to this policy. While the proposed wording suggested may be simpler, it would require both the reading of the policy and rules to understand how the 2GP proposes to manage signage in this location. She therefore recommended that the submission by *Mercy Dunedin Hospital Limited* (OS241.18) be rejected and the policy be retained as notified (s42A Report, Section 5.6.1, p. 46).
122. Ms Taylor said that reading the policy in conjunction with the signage rules was a necessary step to be undertaken in interpreting the Plan in any case. As such, she considered the proposed amendment was appropriate (Statement of Evidence, pp. 20-21).
123. In her revised recommendations, the Reporting Officer recommended amending Policy 27.2.2.5 to make it more succinct, as follows:

Require ancillary signs visible from outside the zone to be located and designed to maintain streetscape amenity, ~~including by being of an appropriate size and number to convey information about the name, location and nature of the activity on site to passing pedestrians and vehicles, and not being oversized or too numerous for that purpose.~~

3.4.1.1 Decisions and reasons

124. We accept in part the submission by *Mercy Dunedin Hospital Limited* (OS241.18) to amend Policy 27.2.2.5 as we agree that it contains too much detail which is better reflected in the rules.
125. However, we prefer the wording recommended by the Reporting Officer as it is more concise and expresses the desired outcome more succinctly.
126. We make a consequential amendment to clause (13) of the assessment of development performance standard contraventions (Rule 27.9.4). These amendments are shown in Appendix 1 (attributed to submission reference Mer 241.18).

3.4.2 Freestanding signs (Rule 27.6.10.2)

127. *Mercy Dunedin Hospital Limited* (OS241.57) sought to amend the freestanding signs performance standard (Rule 27.6.10.2), in order to correct typographical errors and improve the clarity of the rule. The following amendments were suggested:
 - b. The maximum dimensions of freestanding signs are:
 - i. maximum height of 4m;
 - ii. maximum area of 4m²;
 - iii. maximum width of ≥ 4 m; and
 - iv. maximum depth of 400mm.
 - d. Freestanding signs must be located within the site and can not be located on the road reserve.
128. The *Ludgate Sharp Family Trust* (OS928.18) sought to amend clause (a) of the rule as follows:
 - a. the maximum number of freestanding signs to one per ~~50m~~ 100m of frontage.
129. The *Ludgate Sharp Family Trust* (OS928.18) submission was supported by *Margaret Thomson* (FS2068.19), *Frederick William Rolfe* (FS2091.18), *Diane Smith* (FS2099.18) and *Louise Croot* (FS2102.20). *Mercy Dunedin Hospital Limited* (FS2459.18) opposed the submission because that part of the notified rule is consistent with corresponding rules in the Ashburn Clinic, Dunedin Hospital and Wakari Hospital Zones. Furthermore, that part of the rule as notified is considered to be sufficient to maintain the amenity of the surrounding area, and the submission gives no reasons to explain why this is not the case.
130. The *Ludgate Sharp Family Trust* (OS928.19) also sought amendments to clause (b)(ii) of Rule 27.6.10.2, to read as follows:
 - b. the maximum dimensions of freestanding signs are:
 - ii. Maximum area of ~~4~~ 2m².
131. The *Ludgate Sharp Family Trust* (OS928.19) submission was supported by *Margaret Thomson* (FS2068.20), *Frederick William Rolfe* (2091.19), *Diane Smith* (2099.19) and *Louise Croot* (FS2102.21). *Mercy Dunedin Hospital Limited* (FS2459.19) opposed the submission and considered that, even at a maximum area of 4m² per sign, the notified rule applies greater regulation to Mercy Hospital than other hospital sites. It considered that the notified rule adequately provides for the maintenance of surrounding amenity and that further restrictions would achieve no planning gain and would be unduly onerous.

132. In relation to *Mercy Dunedin Hospital Limited's* submission (OS241.57), the Reporting Officer noted that of the three changes requested, only clause (b)(iv) could be identified as a typographical error. While no reasons were provided for the requested amendment to clause (b)(iii), she noted that it would provide more flexibility in terms of the shape of the sign without increasing the overall area. She supported these changes as being minor in nature (s42A Report, Section 5.6.2, p. 50).
133. In response to the *Ludgate Sharp Family Trust's* submission (OS928.18) to amend clause (a) the Reporting Officer said that in her opinion, a frequency of one sign per 50m of frontage is unnecessary, and could potentially affect the amenity of the adjoining property owners. The road frontage of the Mercy property is approximately 475m and so the rule as it stands could provide for 9 signs on the frontage. The Reporting Officer considered that this level of signage is inappropriate given the surrounding residential zone and it is most likely that these signs would only be required adjacent to access ways. She therefore recommended that clause (a) of the performance standard is amended to provide for one per access way, to a maximum of four signs.
134. Ms Taylor agreed with the recommendations of the Reporting Officer with respect to the provision of one freestanding sign per access way, up to a maximum of four signs. She observed that Mercy had no operational need for the number of freestanding signs provided for in the performance standard as notified. She considered that the more targeted approach promoted by the Reporting Officer appropriately balanced the signage needs of the hospital with visual amenity at the interface of Mercy Hospital and residential zones. Furthermore, she conveyed her support for the recommendations made in relation to clauses (b)(iii) and (b)(iv) (Statement of Evidence, p. 20).
135. Expert witness conferencing was undertaken on 31 October 2016, in which planning experts representing Mercy Dunedin Hospital Limited (Louise Taylor), the Ludgate Sharp Family Trust (Nigel Bryce) and the Dunedin City Council (Ann Rodgers) discussed relief sought in relation to a number of provisions, including Rule 27.6.10.2. The resulting outcome was that all parties agreed to the s42A Report recommendation (Expert Witnessing Statement, pp. 3-4).

3.4.2.1 Decisions and reasons

136. We accept the submission by *Mercy Dunedin Hospital Limited* (OS241.57) to amend clause (b)(iii) and (b)(iv) of the freestanding signs performance standard. The reason for our decision is that we agree with the evidence of the Reporting Officer, supported by Ms Taylor, that these changes will add to the flexibility of signs provision without increasing the overall size restriction, and correct a typographical error. These amendments are shown in Appendix 1 (attributed to submission reference Mer 241.57).
137. We also accept in part the submission by the *Ludgate Sharp Family Trust* (OS928.18) to amend clause (a), but with the final amendment based on the changes agreed through expert caucusing. The amendment is shown in Appendix 1 (attributed to submission reference Mer 928.18).
138. We reject the submission by *Ludgate Sharp Family Trust* (OS928.19) to amend clause (b)(ii) of the performance standard, for the reasons outlined by the Reporting Officer and, in particular, that the area limitation is appropriate and based on other Major Facility Zones elsewhere in the City.

3.4.3 Signs attached to buildings (Rule 27.6.10.3)

139. *Mercy Dunedin Hospital Limited* (OS241.58) sought to delete clause (a) from the signs attached to buildings performance standard. The clause (as notified) reads as follows:
 - a. The height above ground level at the highest point of any sign attached to a building is 4m.
140. The submitter considered this rule inappropriate, as it may constrain preferable signage siting locations having regard to the form of buildings. The submitter suggested that

deleting clause (a) would remain consistent with the intent of the 2GP, as Policy 27.2.2.5 anticipates that ancillary signs might be visible from outside of the zone.

141. The *Ludgate Sharp Family Trust* (FS2436.13) opposed the above submission. The submitter cited that the deletion of clause (a) could create potential for signage to be erected in inappropriate locations on a building, where it might detract from the amenity of neighbouring residential properties.
142. The Reporting Officer remarked that the existing layout of the buildings and the site development plan are such that the existing buildings are generally located some distance from boundaries of the site. Given this layout, she presumed that signs attached to the buildings would be generally aimed at people who have already entered the site, providing directional information, rather than being aimed at passing motorists or pedestrians. Consequently, signs aimed at motorists or pedestrians outside the Mercy Hospital site would most likely and most appropriately, be freestanding signs.
143. She therefore considered that a maximum height of 4m above ground level for signs attached to buildings was appropriate (s42A Report, Section 5.6.3, pp. 52-53).
144. In her written evidence provided at the hearing, Ms Taylor agreed with the s42A Report analysis and expressed her support for the recommendation to retain Rule 27.6.10.3 as notified (Statement of Evidence, p. 21).

3.4.3.1 Decisions and reasons

145. We reject the submission by *Mercy Hospital Dunedin Limited* (OS241.58) and agree with the evidence of the Reporting Officer, as supported by Ms Taylor. In all practicality we do not share the further submitter's concern that the rule may lead to signs attached to buildings in such a way that they will be obtrusive to neighbouring properties.

3.4.4 Number, Location and Design of Ancillary Signs (Rule 27.6.10)

146. Rule 27.6.10 is the performance standard that details the number, location and design of ancillary signs. Rule 27.6.10.1 General, is as follows:
 - a. Signs must comply with the following standards, except the following signs are exempt from these standards:
 - i. signs that are not visible from outside the Mercy Hospital Zone;
 - ii. 'regulatory' (requiring or prohibiting specified actions), 'warning' (informing of hazards or of other features requiring a safe response), or 'directional' (identifying the location of, or direction to destinations, routes, building entrances, and vehicle accesses) signs; and
 - iii. 'building names' (excluding sponsorship names).
 - b. Signs related to ancillary retail and ancillary restaurant activities must not be visible outside the Mercy Hospital.
 - c. Signs must comply with Rule 6.7.3 where visible from a road.
 - d. Signs other than those specified in Rules 27.6.9.2 and 27.6.9.3 are not allowed.
147. *Mercy Dunedin Hospital Limited* (OS241.56) sought the removal of clauses (b) and (d) of the rule. The submitter considered that amendments are required to address the constraints presented by the topography of the site and ensure coherence with other Plan provisions. It was further noted that it would be extremely difficult to comply with clause (b) given some adjacent properties look down into the Mercy Hospital site. Furthermore, the submitter considered that clause (d) is inconsistent with clauses (4) and (17) of Rule 27.3.4 which allow for 'all other buildings and structures activities' and 'all other site development activities' as permitted activities.
148. The Reporting Officer considered it appropriate that signs related to ancillary retail and restaurant activities are not visible outside the Mercy Hospital Zone and remarked that

she saw no reason why it would be necessary for these activities to be visible outside of the zone (s42A Report, Section 5.12.7, p. 80).

149. She further noted that there was an error in Rule 27.6.10.1 (d) whereby the rule incorrectly referred to Rules 27.6.9.2 and 27.6.9.3, when it should refer to Rules 27.6.10.2 and 27.6.10.3. She recommended that this error be corrected as a clause 16 amendment.

3.4.4.1 Decisions and reasons

150. We accept in part the submission by *Mercy Dunedin Hospital Limited* (OS241.56), but only in so far as we have made no changes to clause (d), but have amended clause (b) of Rule 27.6.10.1 to read as follows:

- b. Signs related to ancillary retail and ancillary restaurants activities {*PO cl. 16*} must be designed so as to {*Mer 241.56*} not be visible outside the Mercy Hospital Zone {*Mer cl. 16*}.

151. Our reasons are that while we accept the evidence of the Reporting Officer that signs related to ancillary retail and restaurant activities should not be *directed* at people outside the zone, we accept the submitter's point that it may be extremely difficult to achieve this in all instances with distant views from overlooking properties always a possibility. We consider the intent of the rule can most efficiently be met by requiring that such signs are designed so as not be visible outside the Mercy Hospital.

152. We have also made the following amendments under clause 16 of the 1st Schedule of the RMA:

- amended clause (b) of Rule 27.6.10.1 to refer to Mercy Hospital Zone (to be consistent with 27.6.10.1.a.i.); and
- amended clause (d) of Rule 27.6.10.1 to correct an error relating to the numbering of Plan rules referred to within the rule.

3.5 Policy 2.3.1.6

153. *Mercy Dunedin Hospital Limited* (OS241.2) submitted in support of retaining Policy 2.3.1.6, which provides for facilities that contribute to the economic and social prosperity of Dunedin, as follows:

"Identify facilities that contribute significantly to the economic and social prosperity of the city, including the University of Otago and Otago Polytechnic campuses, hospitals, schools and Invermay, zoning these as major facilities and use rules to:

- a. enable them to continue to operate efficiently and effectively, while minimising as far as practical any adverse effects on surrounding areas; and*
b. protect them from activities that may lead to reverse sensitivity issues."

154. Policy 2.3.1.6 provides strategic policy direction to Objective 2.3.1 which provides for:

"Land that is important for economic and social prosperity, including industrial areas, major facilities, key transportation routes and productive rural land, is protected from less productive competing uses or incompatible uses."

155. The *Ludgate Sharp Family Trust* (FS2436.14) opposed this submission, indicating that while not entirely opposed to Policy 2.3.1.6, the submitter questioned whether the policy is relevant when applied to the Mercy Hospital Zone. It supported the efficient and effective operation of Mercy Hospital, but considered any reverse sensitivity effects generated by existing residential development to be largely limited by the extent that Mercy Hospital is able to implement development in accordance with its development plan. The submitter did not request any specific remedy for its concerns.

156. The Reporting Officer agreed that development of the site, and the extent that the hospital is able to develop, is limited by the Mercy Hospital Development Plan. However, she also considered that the 2GP supports the on-going efficient and effective operation of Mercy Hospital by providing objectives, policies and rules that manage these effects.
157. She therefore recommended that the submission by *Mercy Dunedin Hospital Limited* (OS241.2) is accepted and the submission by the *Ludgate Sharp Family Trust* (FS2436.14) be rejected and Policy 2.3.1.6 be retained without amendment (s42A Report, Section 5.3.1, p. 19).

3.5.1 Decisions and reasons

158. We accept the submission by *Mercy Dunedin Hospital Limited* (OS241.2) to retain Policy 2.3.1.6 as notified, and reject the submission by *Ludgate Sharp Family Trust* (FS2436.14) and make no amendments.
159. Our reasons for this decision are that we accept the evidence of the Reporting Officer, and consider the policy to be appropriate while noting it is part of a suite of provisions that implement the outcomes expected for this facility and its neighbours.

3.6 Car parking

160. Parking, loading and access (Rule 27.3.4.13) is a permitted activity, subject to the following performance standards:
 - a. Parking, loading and access standards
 - b. Boundary treatments and other landscaping
161. However, across all zones "New parking areas or extensions to existing parking areas (that result in the creation of 50 or more new parking spaces)" are also managed as a high trip-generating activity that requires an RD consent and is assessed for effects on the transport network. This requirement is in Rule 27.3.4.14 in the Mercy Hospital Zone.
162. *Mercy Dunedin Hospital Limited* (OS241.37) opposed this latter requirement (Rule 27.3.4.14) and sought its removal. The submitter's reasons were that the design of new car parking is adequately provided for under Rule 27.3.4.13 (which is the permitted activity rule for parking, loading and access), therefore making the rule superfluous.
163. *Mercy Dunedin Hospital Limited* (OS241.16) also sought to add a new policy under Objective 27.2.2, as follows:

Require onsite car parks to be provided for use by users of the site as part of managing effects of the Hospital's activities on residential amenity.
164. The submitter considered the provision of onsite car parking had been identified as important to both Mercy Hospital and neighbours of the site to reduce reliance on on-street car parking for staff, visitors and patients to the campus.
165. The *Ludgate Sharp Family Trust* (FS2436.3, FS2436.7) opposed these submissions, as the outcome would potentially lead to further car parking provision on site, and would then fail to maintain the residential amenity of adjoining residential properties. The submitter requested that if a new policy is to be added, it be amended to reduce reliance on development of car parks and encourage other options that promote less reliance on private vehicles.
166. In a separate, original submission, the *Ludgate Sharp Family Trust* (OS928.8) sought to amend Rule 27.3.4.14 to amend the activity as follows:

New parking areas, or extensions to existing parking areas (that result in the creation of 50 or more parking spaces) and are located outside of the Mercy

Zone Vegetation Management Area and the UCMA identified within appendix 27B.

167. The submission was supported by *Margaret Thomson* (FS2068.7), *Frederick William Rolfe* (FS2091.8), *Diane Smith* (FS2099.8) and *Louise Croot* (FS2102.10). *Mercy Dunedin Hospital Limited* (FS2459.15) opposed the submission.
168. Furthermore, the *Ludgate Sharp Family Trust* (OS928.12) sought an amendment to the activity status table (Rule 27.3.4) seeking the addition of a new restricted discretionary activity as follows:
- New parking areas, or extensions to existing parking areas (that exceed 100m² in area or that result in the creation of 10 or more spaces, whichever is the greater in terms of area) and are located within the Mercy Zone Vegetation Management Area and the UCMA identification within Appendix 27B
169. This submission was supported by *Margaret Thomson* (FS2068.11), *Frederick William Rolfe* (FS2091.12), *Diane Smith* (FS2099.12) and *Louise Croot* (FS2102.14).
170. *Mercy Dunedin Hospital Limited* (FS2459.33) opposed the above submission, and considered that the proposition to limit car parking activities to 10 spaces or 100m² is unduly onerous, given the size of the Mercy Hospital Dunedin site and the reasonable expectations for the intensity of activity associated with hospital operations of this scale.
171. The Reporting Officer noted that the permitted activity rule (Rule 27.3.4.14) only manages the parking, loading and access performance standard that is found in the Transportation section (Rule 6.6) and the boundary and landscaping performance standards. This is in contrast to the other requirement for resource consent for "New parking areas or extensions to existing parking areas (that result in the creation of 50 or more new parking spaces)" which is managed as a high trip-generating activity that needs to be assessed for effects on the safety and efficiency of the transport network.
172. In her opinion, it is therefore appropriate that large increases in car parking numbers are managed in this zone given the potential impact of large scale parking areas on what is a fairly narrow residential street. She noted that the trigger point of 50 additional car parks is standard and is used throughout the 2GP (s42A Report, Section 5.9.10, p. 64), and did not support the request by *Mercy Dunedin Hospital Limited* (OS241.37).
173. She did not support the submission by *Ludgate Sharp Family Trust* (OS928.8) based on her broader views about the appropriateness of the 'Mercy Zone Vegetation Management Area' proposal of that submitter, which we discuss and respond to in Section 3.1.
174. With respect to the request for a new policy, the Reporting Officer noted that the parking requirements are managed through Rule 27.5.4 which provides for minimum car parking based upon the level of development on the site. Non-compliance with this standard is assessed based on the objectives and policies in the Transportation section. She therefore saw no reason to include a new policy on this matter under Objective 27.2.2.
175. Mr Bryce supported the Reporting Officer's recommendations, and said that they addressed the submitters' relief (Statement of Evidence, p. 4).
176. Mr Ludgate commented that it is important that adequate high quality and sensitively designed car parks are provided and noted that he supports Mercy in achieving this. However, he said this needs to be balanced with the fact that insensitively located or designed car parks have the potential to significantly affect the amenity of the surrounding area (Statement of Evidence, p. 5).
177. Ms Taylor said that in her view the parking demand generated by Mercy's activities warrants additional on-site car parking development. She said that without this, parking would continue to overflow from Mercy into the on-street parking network. She believed that the proposed policy is consistent with the purpose of the Mercy Zone and provided an opportunity to provide certainty for future parking development. Ms Taylor

remarked that a balance needed to be reached between providing on-site car parking to alleviate pressure on the surrounding public parking network while managing the effects of car parking development. She considered that while the rules provide the mechanisms for this, policy guidance would be invaluable to provide certainty to the community and Mercy alike (Statement of Evidence, p. 25).

178. Ms Irving discussed the tension that exists between maintaining amenity by providing adequate car parking and maintaining amenity by minimising visibility of institutional buildings. She reinforced Mercy's need to establish further car parking areas, stating that "the efficient operation of the site depends on it", as well as the amenity of the surrounding residential neighbourhood.
179. At the hearing a Transport Assessment (prepared in July 2012 for inclusion in a Plan Change application) prepared by Mr Tony Penny for *Mercy Dunedin Hospital Limited* was tabled. Mr Penny's assessment had recommended that the parking rate (based on gross floor area) be included in the site rules to ensure that an appropriate supply of on-site parking spaces continues to be provided (Tabled Evidence, p. 31).
180. Mr Richard Whitney commented that in order to support future development plans at Mercy, it will be necessary to augment the access arrangements and increase car parking on site (Statement of Evidence, p. 5).

3.6.1 Decisions and reasons

181. We reject the request by *Mercy Dunedin Hospital Limited* (OS241.37) to remove the requirement for an RD consent for "New parking areas or extensions to existing parking areas (that result in the creation of 50 or more new parking spaces)". We note that this is a cross plan provision that we also considered in the Transportation Hearing, where we considered submissions on what should be included as high trip-generating activities that need to be considered through a consent process. In that decision we amended the definition of high-trip generators to remove reference to individual activities but kept the reference to parking areas with 50 or more spaces.
182. We also reject the submissions by the *Ludgate Sharp Family Trust* (OS928.12) seeking various amendments to the activity status rules, for the reasons as stated by the Reporting Officer. We also note that the planner called by the submitter supported the Reporting Officer's recommendation to reject these submissions.
183. We also reject the submission by *Mercy Dunedin Hospital Limited* (OS241.16) to create a new policy under Objective 27.2.2. We note that the objective and policy framework for minimum car parking is included in the Transportation section of the Plan (Objective 6.2.2) and that we had no evidence to convince us that a separate policy is required particular to the Mercy Hospital Zone.

3.7 Clarity of Relationship with Part B

184. *Mercy Dunedin Hospital Limited* (OS241.40) sought to have the rule which permits "all other site development activities" (Rule 27.3.4.17 in the activity status table) be amended to read as follows:

All other site development activities excluding activities otherwise provided for in Part B of this Plan.
185. The submitter considered that the all-inclusive scope of the rule is potentially misleading, and therefore a minor amendment should be made to clarify that the rules relating to activities in Part B of the proposed Plan remain relevant.
186. The Reporting Officer noted that the first part of the activity status section, Rule location (Rule 27.3.1), explains that the activities that are managed through rules in Part B of the Plan (City-wide activities) (s42A Report, Section 5.9.12, pp. 66-67).

187. She therefore considered that the request by *Mercy Dunedin Hospital Limited* was unnecessary and she recommended that the submission is rejected.

3.7.1 Decisions and reasons

188. We reject the submission by *Mercy Dunedin Hospital Limited* (OS241.40) and retain Rule 27.3.4.17 as notified, for the reasons given by the Reporting Officer.

3.8 Policy 27.2.2.6

189. *Mercy Dunedin Hospital Limited* (OS241.19) opposed Policy 27.2.2.6 and sought that it be amended to read as follows:

Require ancillary activities to be designed, located and operated to ~~primarily serve staff, patients and visitors to~~ support the efficient and effective operation of Mercy Hospital.

190. The submitter considered that the reference to 'Ancillary Commercial activities' introduces the potential for confusion given the definition of 'Hospital' includes some Commercial activities but 'Commercial activities' is also separately defined. The submitter also noted that the reference to 'primarily' is too subjective.
191. The Reporting Officer noted that the intention of Policy 27.2.2.6 is to limit ancillary commercial activities being used by staff, patients and visitors and she considered the revised wording suggested by the submitter may enable a wider range of commercial activities to be established without relying on patronage by staff, patients and visitors at Mercy Hospital (s42A Report, Section 5.7.1, p. 54).
192. She therefore recommended that the submission by *Mercy Dunedin Hospital Limited* (OS241.19) is rejected.

3.8.1 Decisions and reasons

193. We reject the submission by *Mercy Dunedin Hospital Limited* (OS241.19), for the reasons outlined by the Reporting Officer.

3.9 Zoning – 20 Burwood Avenue, Maori Hill

194. *Mercy Dunedin Hospital Limited* (OS241.68 and FS2459.27) and the *Dunedin City Council* (OS360.9) both sought an amendment to the zoning of 20 Burwood Avenue, Maori Hill, from General Residential 1 to Mercy Hospital Zone. The submitters noted that this property forms part of the Mercy Hospital operational area as detailed on the Appendix 27A Development Plan.
195. *Louise Croot* (FS2102.2) opposed this submission and considered the cumulative creep into the General Residential 1 Zone means a loss of rates and affects the traffic flow in the area even with the conditions now.
196. In a separate submission, *Louise Croot* (OS290.1) supported the current extent of the Mercy Hospital Zone and noted that the incremental encroachment into General Residential 1 Zone should be halted as parking and traffic congestion increases. This was supported by *Margaret Thomson* (FS2068.21) and *James Wilson* (FS2337.1).
197. *Mercy Dunedin Hospital Limited* (FS2459.37) opposed the above submission and noted that the proposed Plan maintains the car parking rate.
198. The Reporting Officer noted that Errata E.27 published on the proposed 2GP website, confirms that 20 Burwood Avenue not being included in the Mercy Hospital Zone was a mapping error. The Mercy Hospital Development Plan envisages development on this

part of the Mercy Hospital operational area as detailed on Appendix 27A Mercy Hospital Development Plan. She also noted that Resource Consent LUC-2015-262 was issued in June 2015 to establish a medical facility on the site at 20 Burwood Avenue, and the rezoning to Mercy Hospital Zone regularises this lawfully established use (s42A Report, Section 5.14.1, p. 89).

199. The Reporting Officer stated that she does not accept that this is incremental encroachment into the General Residential 1 zone as it reflects an existing situation. Moreover, there were no submissions received opposing Appendix 27A. She noted that she saw no reason why this error should not be corrected. Ms Taylor agreed with the recommendation to extend the Mercy Hospital Zone to encompass 20 Burwood Avenue (Statement of Evidence, p. 13).

3.9.1 Decisions and reasons

200. We accept the submissions by *Mercy Dunedin Hospital Limited* (OS241.68) and *Dunedin City Council* (OS360.9) to amend the zoning of 20 Burwood Avenue, Maori Hill, to change it from General Residential 1 to Mercy Hospital Zone. We accept the expert evidence of the Reporting Officer and Ms Taylor on this point.

4.0 Minor and inconsequential amendments

201. Clause 16(2) of Schedule 1 of the RMA allows a local authority to make an amendment where the alteration "is of minor effect", and to correct any minor errors, without needing to go through the submission and hearing process.
202. This Decision includes minor amendments and corrections that were identified by the DCC Reporting Officers and/or by us through the deliberations process. These amendments are referenced in this report as being attributed to "cl.16". These amendments generally include:
 - correction of typographical, grammatical and punctuation errors
 - removing provisions that are duplicated
 - clarification of provisions (for example adding 'gross floor area' or 'footprint' after building sizes)
 - standardising repeated phrases and provisions, such as matters of discretion, assessment guidance, policy wording and performance standard headings
 - adding missing hyper-linked references to relevant provisions (eg. performance standard headings in the activity status tables)
 - correctly paraphrasing policy wording in assessment rules
 - changes to improve plan usability, such as adding numbering to appendices and reformatting rules
 - moving provisions from one part of the plan to another
 - rephrasing plan content for clarity, with no change to the meaning
203. Minor changes such as typographical errors have not been marked up with underline and strikethrough. More significant cl. 16 changes (such as where provisions have been moved) are explained using footnotes in the marked-up version of the Plan.

Appendix 1 – Amendments to the Notified 2GP (2015)

Please see www.2gp.dunedin.govt.nz/decisions for the marked-up version of the notified 2GP (2015). This shows changes to the notified 2GP with strike-through and underline formatting and includes related submission point references for the changes.

Appendix 2 – Summary of Decisions

1. A summary of decisions on provisions discussed in this decision report (based on the submissions covered in this report) is below.
2. This summary table includes the following information:
 - Plan Section Number and Name (the section of the 2GP the provision is in)
 - Provision Type (the type of plan provision e.g. definition)
 - Provision number from notified and new number (decisions version)
 - Provision name (for definitions, activity status table rows, and performance standards)
 - Decision report section
 - Section 42A report section
 - Decision
 - Submission point number reference for amendment

Summary of Decisions

Plan Section	Provision Type	Provision number	New Number	Provision Name	Decision	Submission Point Reference	Decision Report Topic number	S42A Report Section Number
2. Strategic Directions	Policy	2.3.1.6			Retain as notified		3.5	5.3.1
27. Mercy Hospital	Policy	27.2.2.1			Amend policy to reflect change in activity status	Mer 928.7	3.1	5.4.8
27. Mercy Hospital	Policy	27.2.2.2			Do not amend as requested		3.3	5.5.2
27. Mercy Hospital	Policy	27.2.2.3			Do not amend as requested		3.2	5.5.3
27. Mercy Hospital	Policy	27.2.2.5			Amend policy wording	Mer 241.18	3.4.1	5.6.1
27. Mercy Hospital	Policy	27.2.2.6			Do not amend as requested		3.8	5.7
27. Mercy Hospital	Policy	27.2.2.7			Add new Policy 27.2.2.7 linked to new performance standard for amenity planting area	Mer 928.2 and Mer 928.10	3.1	5.4.8
27. Mercy Hospital	Activity Status	27.3.4.1			Amend activity status table to reflect deletion of Maximum building site coverage and impermeable surfaces performance standard	Mer 928	3.1	5.4.8 and 5.12.1
27. Mercy Hospital	Activity Status	27.3.4.1		Performance standards that apply to all development activities	Amend rule by adding link to new performance standard amenity planting area	Mer 928.2 and Mer 928.10	3.1	5.4.8

Plan Section	Provision Type	Provision number	New Number	Provision Name	Decision	Submission Point Reference	Decision Report Topic number	S42A Report Section Number
27. Mercy Hospital	Activity Status	27.3.4.4			Amend activity name from "all other building and structures activities to "all other building and structures activities not in accordance with the Mercy Hospital Development Plan (Appendix 27A)" and make consequential changes to performance standard names	Mer 928.7	3.1	5.4.8
27. Mercy Hospital	Activity Status	27.3.4.12	27.3.4.12	Service areas	Do not amend as requested		3.3	5.9.8
27. Mercy Hospital	Activity Status	27.3.4.13	27.3.4.13	Parking, loading and access	Change performance standard name to reflect new title	Mer 241.46	3.2	5.12.2
27. Mercy Hospital	Activity Status	27.3.4.14	27.3.4.14	New or additions to parking areas that result in 50 or more new parking spaces.	Change performance standard name to reflect new title	Mer 241.46	3.2	5.12.2
27. Mercy Hospital	Activity Status	27.3.4.14	27.3.4.14	New or additions to parking areas that result in 50 or more new parking spaces	Do not amend as requested		3.6	5.9.10
27. Mercy Hospital	Activity Status	27.3.4.17	27.3.4.17		Do not amend as requested		3.7	5.9.12

Plan Section	Provision Type	Provision number	New Number	Provision Name	Decision	Submission Point Reference	Decision Report Topic number	S42A Report Section Number
27. Mercy Hospital	Development Performance Standard	27.6.1		Screening of parking areas (was Boundary treatments and other landscaping)	Rename this development performance standard to "Screening of parking areas" Amend performance standard wording	Mer 241.46	3.2	5.12.2
27. Mercy Hospital	Development Performance Standard	27.6.4	27.6.3	Small scale buildings and structures (was Footprint of building)	Rename performance standard to "Small scale buildings and structures" and incorporate content from rules 27.6.6 and 27.6.12.1 Increase the size of buildings permitted where not in accordance with Development Plan from 40m2 to 100m2 Decrease permitted maximum height from 9m to 5m Add limit on use of buildings to 'non-clinical purposes' Change the contravention of this performance standard from D to RD	Mer 928.7	3.1	5.4.8
27. Mercy Hospital	Development Performance Standard	27.6.6	N/A (Deleted)	Height	Delete this performance standard and move its contents to the newly renamed performance standard 'Small scale buildings and structures' (Rule 27.6.4)	Mer 928.7	3.1	5.4.8

Plan Section	Provision Type	Provision number	New Number	Provision Name	Decision	Submission Point Reference	Decision Report Topic number	S42A Report Section Number
27. Mercy Hospital	Development Performance Standard	27.6.7	27.6.5	Location and screening of parking areas	Do not amend as requested		3.3	5.9.8
27. Mercy Hospital	Development Performance Standard	27.6.9	27.6.7	Maximum building site coverage and impermeable surfaces	Delete performance standard	Mer 928	3.1	5.4.8 and 5.12.1
27. Mercy Hospital	Development Performance Standard	27.6.10.1	27.6.8.1	Number, location and design of ancillary signs - General	Amend performance standard wording	Mer 241.56	3.4.4	5.12.7
27. Mercy Hospital	Development Performance Standard	27.6.10.2	27.6.8.2	Number, location and design of ancillary signs - freestanding signs	Amend the maximum width of freestanding signs from 2m to 4m Amend the maximum depth of freestanding signs from 400m to 400mm	Mer 241.57	3.4.2	5.6.2
27. Mercy Hospital	Development Performance Standard	27.6.10.2	27.6.8.2	Number, location and design of ancillary signs - freestanding signs	Amend the maximum number of freestanding signs from one per 50m of frontage, to one per accessway to a maximum of four signs	Mer 928.18	3.4.2	5.6.2
27. Mercy Hospital	Development Performance Standard	27.6.10.2	27.6.8.2	Number, location and design of ancillary signs - freestanding signs	Do not amend as requested		3.4.2	5.6.2

Plan Section	Provision Type	Provision number	New Number	Provision Name	Decision	Submission Point Reference	Decision Report Topic number	S42A Report Section Number
27. Mercy Hospital	Development Performance Standard	27.6.10.3	27.6.8.3	Number, location and design of ancillary signs - Signs attached to buildings	Do not amend as requested		3.4.3	5.6.3
27. Mercy Hospital	Development Performance Standard	27.6.12	27.6.10	Boundary setbacks	Delete this performance standard and move its contents to the newly renamed performance standard 'Small scale buildings and structures' (Rule 27.6.4)	Mer 928.7	3.1	5.4.8
27. Mercy Hospital	Development Performance Standard	27.6.X	27.6.11	Amenity planting area	Add new performance standard Amenity planting area and apply to all development activities	Mer 928.2 and Mer 928.10	3.1	5.4.8
27. Mercy Hospital	Assessment of Restricted Discretionary Performance Standard Contraventions	27.9.4.1			Amend to reflect changes to performance standard names	Mer 928.7	3.1	5.4.8
27. Mercy Hospital	Assessment of Restricted Discretionary Performance Standard Contraventions	27.9.4.2			Change performance standard name to reflect new title	Mer 241.46	3.2	5.12.2

Plan Section	Provision Type	Provision number	New Number	Provision Name	Decision	Submission Point Reference	Decision Report Topic number	S42A Report Section Number
27. Mercy Hospital	Assessment of Restricted Discretionary Performance Standard Contraventions	27.9.4.12	N/A (Deleted)		Amend rule to reflect deletion of performance standard Maximum building site coverage and impermeable surfaces performance standard	Mer 928	3.1	5.4.8 and 5.12.1
27. Mercy Hospital	Assessment of Restricted Discretionary Performance Standard Contraventions	27.9.4.13	27.9.4.7		Amend rule to reflect change in Policy 27.2.2.5	Mer 241.18	3.4.1	5.6.1
27. Mercy Hospital	Assessment of Restricted Discretionary Activities	27.11.2.2			Add guidance to reflect change to how buildings not in accordance to development plan or provided as small scale managed	Mer 928	3.1	5.4.8 and 5.12.1
27. Mercy Hospital	Assessment of Discretionary Activities	27.11.2.2			Add new rule to reflect change in activity status	Mer 928.7	3.1	5.4.8
27. Mercy Hospital	Assessment of Discretionary Performance Standard Contraventions	27.11.3.1	27.11.3.1		Remove rule to reflect change in activity status of contravention of performance standard from D to RD	Mer 928.7	3.1	5.4.8
27. Mercy Hospital	Assessment of Discretionary Performance Standard Contraventions	27.11.3.2	27.11.3.2		Add guidance linked to new performance standard Amenity planting area	Mer 928.2 and Mer 928.10	3.1	5.4.8

Plan Section	Provision Type	Provision number	New Number	Provision Name	Decision	Submission Point Reference	Decision Report Topic number	S42A Report Section Number
27. Mercy Hospital	Appendix	27A		Mercy Hospital Development Plan	Amend the Mercy Hospital Development Plan in Appendix 27A to include an 'amenity planting area'	Mer 928.2 and Mer 928.10	3.1	5.4.8
27. Mercy Hospital	Policy	New policy			Do not amend as requested		3.6	5.9.10