This Heritage Impact Statement has been undertaken in accordance with the principles of the Burra Charter adopted by ICOMOS Australia. The proposed works have regard to the Heritage Council Building Policies and Heritage Technical Notes prepared by Heritage Victoria.

This document has been completed by David Wixted

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Document Control

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1.0 Heritage Impact Statement

This Heritage Impact Statement has been developed for the sub-division of land and buildings along with development of land at the former Kyneton Hospital site at the corner of Wedge and Simpson Streets Kyneton.

The greater development site portrayed in the documents is partially within the heritage registered land (controlled under the Heritage Act) but to a large extent the development is outside the Planning Scheme Heritage Overlay where normal municipal planning scheme controls apply. Given the schemes proximity to the Campaspe River to the south, the scheme is also subject to archaeological investigations and an independent Cultural Heritage Management Plan under the Aboriginal Heritage Act 2006.

The site is within a residential zone (GRZ1) and has a heritage overlay HO220 in the Macedon Ranges Planning Scheme. There are contiguous heritage overlays covering Wedge Street and Simpson Streets to the extent of the roadways themselves but not the adjoining houses.

The heritage overlay specifies only the hospital buildings but not trees are protected and this is identical to the Heritage Council registration.

The owner is Winport Developments Pty Ltd 606 St Kilda Road Melbourne Vic 3004

Conditions as at 2014. The frontage from Simpson and Wedge Street corner. The clearing in the immediate frontage (lhs) was previously occupied by the nurse's home and prior to that the Victorian period home of the Medical Superintendent.
The main hospital building from Simpson Street. The verandah is an early 20th C addition.

Wedge Street side elevation. The upper right portion of bluestone is an early addition (19th C) on the original structure followed by the verandah in the early 20th Century. The pale blue brick section mid picture is also an early addition on the building.
20th C Infectious Diseases ward (lhs) and 19th C Morgue in bluestone (mid-picture). Beyond these buildings the land slopes suddenly down to the Campaspe River beyond.

20th C infectious diseases ward. At one time this building had a simple skillion verandah on its frontage and a carport of 1950s design attached to the left hand side where the brick is currently smudged by colouring.

2.0 Preparation of this document

This document has been prepared by heritage ALLIANCE, Conservation Architects and Heritage Consultants for Cliff Abbott (Lotus Design) and the owners Winport Developments Pty Ltd.

3.0 Proposal

The proposal is to develop the heritage registered portion of the site with a number of NEW single storey free standing houses (11) and on the greater site the development includes a substantive number of single storey homes along with one x two storey house.
Just one house has a double storey component within the heritage registered land. (See Unit 31 on drawing Sheets 1 - 3, 11-13 version HA06.)

On the heritage registered land the intention is to:

- Subdivide the main hospital building into 4 living units (sheet 7, HA06)
- Subdivide the Infectious Diseases Building as 1 living unit (with a built attachment) shown on Sheet 9
- Retain the morgue as a community building (Sheet 10)
- Construct garages and facilities structures (sheet 11)
- Construct 11 single storey dwellings which are affected by the heritage registered area, and 1 double storey unit at the north west wholly within the heritage registered land (being Unit 31).
- Construct landscape elements (paths, roads, fences, plantings) within the heritage area.

These proposals are set out on drawings by

Lotus Designs Numbered 1-17 plus materials palettes & colours sheets

The sub-divsional proposal is shown schematically on Drawing Sheet 16 but this will require augmenting on the granting of a permit. Other drawings (sheet 1 & 2) show the relationship of the new buildings to the sub divisive lines.

Landscape Works are shown on drawing 1 by Landscape by Design

4.0 Reference

The Registration of the heritage place includes the main bluestone building, its associated bluestone morgue and a later brick infectious diseases ward.

The registration includes 'registered land' set out in a somewhat arbitrary fashion in relation to the listed buildings but the logicality of the arrangement was once associated with the layout of the non historic buildings previously at the site, although these buildings have all since been demolished.

There are no heritage registered trees within the registered land L1.

The published Heritage Council register diagram is as below.
Heritage registration as approved by the Heritage Council: L1 is the land area, B1 the original Hospital building, B2 Morgue and B3 the Infectious Diseases ward. The structures shown in outline are all now demolished.

5.0 Current Use
The site is completely out of use. It was declared surplus to requirement some years ago by the Victorian Department of Health and Human Services and disposed of by the Department of Treasury and Finance and all of the non-heritage buildings were subsequently demolished. Some closing up of windows and doors and security fencing has been installed but this has not deterred repeated vandalism attempts.
2014 Conditions: West side of main building showing area with stone losses where a bridge to the adjacent (1945) building had once been embedded. Stone from this area is found on the ground but some will have to be recut and much needs pointing up. The verandah also needs substantial joinery repair.
6.0 Current Condition

The buildings are in variable condition (and in some cases poor condition) but all are abandoned, not in use and stripped of plumbing and electrical services. As noted above there has been some vandalism but a site fence has deterred serious damage to the buildings however some elements are damaged and must be replaced as part of the development and repair works.

7.0 Heritage Significance

Significance of the Site: (from Heritage Council website).

What is significant?

Kyneton District Hospital, Simpson Street, Kyneton, was erected in numerous stages, the two storey central bluestone wing being the first of these, erected from 1854 to 1856. Stonemasons Smith and Rogers constructed the building to the designs of architect Gabriel Fleck. Subsequent stages included an additional east wing and mortuary designed by the well-known Kyneton architect William Douglas between 1859 and 1861 and further work by Gabriel Fleck in the extension of the west wing in 1864. An emergency ward was constructed separately on the site in 1894 to the designs of architect William Tonks who was also responsible for the addition of a cast iron verandah to the main building in 1910. Of bluestone construction the original building is symmetrical in form and Georgian in character with two flanking wings either side of a two storey central section. The central doorway is arched, with a semi-circular fanlight and arched windows on either side and there is a central pediment at the upper storey. The Georgian design is somewhat masked by the cast iron verandah added in 1910. The mortuary is of random range quarry faced bluestone construction and the emergency ward is of redbrick construction. From its early beginnings the hospital has remained the centre for health care in the Shire.

How is it significant?

Kyneton District Hospital is of historical, social and architectural importance to the State of Victoria.

Why is it significant?

Kyneton District Hospital is historically and socially important for its association with Kyneton’s boom activity of the 1850s when the town became a service centre to the surrounding goldmining activity. The hospital is one of the earliest of a group of Victorian country hospitals built between the early 1850s and mid 1860s. The only other country hospital in Victoria that pre-dates it is Port Fairy Hospital, which is less intact than the Kyneton example. The original building designed specifically as a hospital, performed that function for almost 90 years, fulfilling only ancillary needs after completion of the new main ward block in 1942. The different stages of the building’s construction demonstrate the changing needs of the hospital and its development with the history of Kyneton.

Kyneton District Hospital is architecturally important as it demonstrates a range of architectural hands and styles, including Georgian, Gothic and Victorian. Of interest are the Gothic buttressed chimneys added by architect William Douglas contrasting with the Georgian style of the building and the Late Victorian cast-iron lace work added to the building in 1910. The stonemasonry demonstrates skilful craftsmanship with the quarry faced ashlar with drafted margins in the earliest wing of the hospital and random range quarry faced bluestone in the later sections. There were three notable architects involved in its construction Gabriel Fleck (1864 & 1854), William Douglas (1859-61) and William Tonks (1894 & 1910). The former emergency ward is architecturally important as it is relatively unaltered and demonstrates clearly the building/health regulations at the time it was built in 1894.

Comment:

One of heritage ALLIANCE’s earlier reports which is submitted with this HIS was unable to determine exactly what had happened with the bluestone building in terms of how extensions were added in a sequence although distant views confirmed the early
form of the hospital (as partially single storey and partially double storey without a verandah).

The bluestone of the hospital building all looks as if it were constructed as one piece rather than as a series of extensions. Be that as it may, the statement of significance approved by the Heritage Council appears to be substantially correct.

8.0 Impacts

The main impact is not the sub-division per se as the location and view lines created around the hospital building have been tightly controlled to keep the main development away to the south and west of the site. The consequences of subsequent sale of each portion is less obvious in the historic building. This is an issue that has to be taken into account. The impact of the sale of allotments is that all allotments must be fire rated where in contact.

As yet it is unclear how this will be controlled in the historic building with a low impact on the heritage nature of the building but may require new fire rated ceilings throughout the ground floor. These will cover any interesting ceilings including pressed metal ceilings. Plain cornices will or may also have to be added to the ceilings to achieve a good fire seal around the ceiling edges. These matters still require further investigation and there may be requirements for other fire safety systems but not yet fully investigated.

A specific fire inspection will be required to determine the full impact of fire requirements and any latent requirements which will impact on the heritage of the site eg it may be inappropriate to block up windows in the rear yard area to create fire separation. Alternatively it may be a reasonable compromise but the need for fire isolation is yet to be determined by a Building Surveyor’s inspection.

The remainder of the building works on the drawings are reasonably as shown although more detail will need to be generated to cover actual building works on the heritage registered Buildings B1, B2 & B3 and these will need to be assessed to ensure that historic detail is not lost or covered over unnecessarily. This can only be assessed in the working drawings and on site discussions following a very detailed inspection of the schematic proposal and the more developed scheme for apartments 66 to 69.

9.0 Mitigating measures

The Heritage Registered Land (L-1)

The heritage registered land will contain new single storey structures (houses) and those on the Wedge Street side will be obvious although the number of buildings here and their location will make them less visible while those on the west will be partially obscured by the fall of the land and a rock swale which is being created to partially block out views of the new houses in the western portion when viewed from the end of Simpson Street (at Wedge St). Mitigating the impact of the new buildings will require fencing and landscaping (trees, stone walls and the like) especially where there are views from the Simpson Street frontage at Wedge Street looking south or southwest. Since the first iterations of the scheme several houses have been removed from the Wedge Street elevation, making the eastern elevation of the bluestone building unobscured. This is a good outcome more so at the Wedge Street side. For much of its life this (bluestone) building was in any case obscured by other larger (monolithic) buildings on the east (Wedge Street) side of the site including the now long demolished superintendent’s house.

The landscape plan includes a number of fence types, with garden beds and new plantings attempting to screen out new construction. These can be seen on the landscape plan and views from Wedge and Simpson Streets which includes a new horseshoe driveway to the hospital buildings main frontage taking up the area where there was originally a near identical driveway.
While the landscape plan creates a semi-formal response to the frontage, this is not entirely necessary as the original had more informality to it (being just grass and trees with the semi circular driveway).

**The New Buildings: Houses**

The new buildings will have to be constructed in a manner which decreases their impact. Hard edged buildings (concrete and brick) create more impact than those with a substantive amount of visible timber work as boarding or battens particularly where viewed from Wedge and Simpson Streets.

Elevations from Wedge Street and Simpson Street of houses on Lots 60-62 will need to be drawn and submitted at a larger scale for approval but the general thrust of the application as shown on Lotus Design Sheet 12 is supported.

The new smaller buildings (garages and the like) will be constructed in such a manner as to

- Appear to be lightweight
- Secondary to the main buildings
- Integrated with other elements

And as drawn on sheet 10 (HA06) are supported.

The new garages (near Wedge Street and associated with the Infectious Diseases Building) are in red brick with metal roofs.

The proposals related to the houses and outbuildings as shown on Lotus Designs Sheets 11 & 12 is supported and no further design or drawing work is (in my view) required for these elements although final colours and materials may require submission.

**The Historic Buildings (B-1, B-2 & B-3)**

In subdividing the property it is important that all external elements are in the control of a body corporate in order to arrange repairs to the exterior as a regular co-ordinated event.

This is the normal accepted standard for historic buildings and the verandahs are normally considered as part of the body corporate ownership arrangement. This prevents owners undertaking works (such as enclosure) on the verandahs in an ad-hoc fashion. Body corporate rules should ensure that a common maintenance regime is undertaken through a sinking fund and use of a group of recognised trades people who would carry out repairs and alterations to one standard across the whole of the building. This prevents different owners applying their own standards to works and prevents to a degree the hiring of trades without appropriate skills.

To mitigate the impact of works on the historic building all repairs should be carried out by qualified trades people (particularly for the rebuilding of stonework, graffiti removal, carpentry and joinery, and roofing –particularly in the case of special items such as leadworking and rainwater goods).

It would be appropriate to carry out test areas for stone work repair and graffiti removal before proceeding further to the full works. Stone rebuilding, pointing and jointing-up needs to be undertaken in the correct mortars with the correct pointing detailing and will require sample areas to be constructed as part of the approval process.

This work should be assessed on site by a heritage architect before proceeding to the full works (as happens now at many sites with heritage buildings).

The documentation already undertaken by this office should be consulted as to appropriate repair works to the building. These repair plans can be found at the end of the appended *heritage ALLIANCE* Kyneton Hospital Report dated September 2014.
10.0 Other Considerations

Preparation of A Conservation Management Plan

A CMP has not been prepared but in completing other reports for the client a substantial amount of work has been done on the history and development of the site along with some principles of development and basic repair notes for the historic buildings. In a number of ways this, along with an earlier report by Wilys Keeble can be woven into a more detailed report although it (as a consolidated document) is just as likely to come to the same conclusions as the reports already completed.

Permit Exemptions

There are no exemptions in force. Consideration might be given (after completion of building works) to all internal works which do not affect the exterior, are not structural, and include changes to wall and floor coverings, electrical works, plumbing (internal & domestic only) and all new benching and cupboard work to Buildings B1, B2 & B3

The introduction of concrete floors is not permit exempt nor is the creation of openings through original structural elements – particularly walls or large openings through floors (except for inspection hatches of max size 600 x 600mm) The introduction of fire service plumbing would also not be permit exempt and should be identified in further working drawings.

Financial implications

Obviously there would be implications on any refusal but in considering this aspect two issues arise:

1). No specific information has been supplied for this heritage impact statement but may be supplied separately

2). The proposal is in the opinion of the author reasonable given that the new proposal has substantially held back all new development from around the heritage buildings whereas the hospital when it operated had many buildings around, close-up to it and in some areas were actually attached to the bluestone buildings.

Operational implications

Section 73(1)(b) requires the Executive Director to consider:

6.1. The extent to which the refusal would affect the reasonable or economic use of the heritage place or registered object; or

6.2. The extent to which the refusal of the application would cause undue financial hardship to the owner in relation to that place or object.

This is a matter that has to be addressed by the applicant given the quantum of works required on the historic building including extensive external repair work, stonework, verandah repairs, total re-plumbing and rewiring, roof repairs and so on.

It is however clear that the opportunity to use the site (extensive as it is) for other purposes (other than residential) is limited.

The Macedon Ranges planning scheme makes residential use the optimal fit for the site and it is optimal for the heritage building as well.
11.0 Conclusion

A permit can be issued for the works on the basis that:

**Preliminary Work**

An archival photo record is to be made of the site prior to any preliminary works. This is to be to the archival record standard set out by Heritage Victoria.

**Subdivision**

A subdivisional plan requires submission prior to completion of the building works. The subdivisional plan should be substantially in accordance with the proposal allowed or adjusted by a Heritage Permit and this may have to include service easements.

The interiors of the historic buildings will be wholly owned as freehold but the exterior of the historic buildings must be part of an Owners Corporation arrangement.

All land surrounding the property allotments is to be in common ownership with an appropriate management arrangement for maintenance and renewal works to the landscape particularly in relation to the heritage listed structures. An appropriate levy is required to be made across all sites but adjusted according to whether they are inside or outside the heritage registered land.

The owners corporation should introduce a sinking fund from a levy raised within the heritage registered land for regular repairs to the historic building exteriors and these repairs (maintenance or capital works) should be approved by an appropriate heritage consultant. Obviously the levy for houses on the heritage land would have to be adjusted against the levy for those living within the heritage buildings.

**Maintenance Works**

Special Trade work should be assessed by a heritage architect and any developed (drawn) detailing of the work should also be approved by the heritage architect before proceeding.

**Capital Works within this application.**

A suitably qualified heritage architect should approve any working drawings relating to building repairs on the heritage listed buildings (B1, B2 & B3) and the contracting of those works and must be involved in inspections of the quality of workmanship for slating, masonry work (cleaning, laying-in, and jointing), render work and repairs to original joinery (inter-alia: interior features, windows, doors) and metal work.

These drawings should be transmitted to Heritage Victoria for approval under any permit.

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**End of Report**

David Wixted

13 July 2016