## Request to modify a major project

Suburb or town

Daytime telephone

Email

slewis@capcorp.com.au

0437 646 882



Date duly made:/	Modification No.
Before you lodge	
	ironmental Planning and Assessment Act 1979 (the Act) er's approval to carry out a project or concept plan to
	ult in a project that is consistent with the existing
Disclosure Statement Persons making a request to modify a project or codonations (including donations of or more than \$1,0	ncept plan are required to declare reportable political 00) made in the previous two years.
Note: For more details about political donations disc www.planning.nsw.gov.au/donations.	closure requirements, including a disclosure form, go to
	irector-General of the Department of Planning, by courier to the assessment contact officer assigned to the project ISW 2000
Details of the proponent	
Company/organisation/agency	ABN
CAPITAL CORPORATION	91 639 200 329
☐ Mr <b>X</b> Ms ☐ Mrs ☐ Dr ☐ Other	
SALLY	Family name LEWIS
Position URBAN PLANNER	
STREET ADDRESS	
Unit/street no. Street name  LEVEL 2, 50 50 CARRINGTON STR	EET
Suburb or town SYDNEY	State Postcode NSW 2000
POSTAL ADDRESS (or mark 'as above')	

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Fax

State

Mobile

0437 646 882

Postcode

	Identify the land						
7 7 44.0	STREET ADDRESS (where re	levant)					
	Unit/street no.	Street or property name					
		Fox Valley Road					
	Suburb, town or locality		Postcode				
:	Wahroonga						
4-	Local government area(s)	State Electorate(	s)				
	Ku-ring-gai	Wahroonga	King a second and a second a s				
REAL PROPERTY DESCRIPTION							
**************************************	Refer to attachment						
Note: The real property description is found on a map of the land or on the title documents for the land. If you are used the real property description, you should contact the Department of Lands.  Please ensure that you place a slash (/) to distinguish between the lot, section, DP and strata numbers. If the propomodification applies to more than one piece of land, please use a comma to distinguish between each real property description.							
							OR: detailed description of lan
	MAP: A map of the site and I	ocality should also be submitted	d with this request.				
	Details of the original	major project or conce	ot plan				
	Briefly describe what the origin	al approval allows					
A Company of the Comp	Concept Plan for the proposed expansion of the Sydney Adventist Hospital by an additional 28,000m² of hospital floor space, the development of up to 500 low, medium and high density residential dwellings, student accommodation, seniors housing, 18,000m² of retail and commercial uses, 9,000m² for a K-12 school, 3,500m² for an upgraded faculty of nursing, 3,200m² for church uses, 31.4 hectares of conservation lands and associated infrastructure.						
	What was the original project application no.?	What was the date of the approval?	What was the original application fee?				
ĺ	07_0166	31 March 2010	Not known				
	Note: Clause 245K of the <i>Environi</i> the maximum fee for a request for		ulation 2000 provides information on calculating				
	Describe the modification	ation you propose to ma	ke to the approval				
	Describe the proposed modific	ation					
Modification to: Condition A2 to reference new documentation;							
	Condition A2 to reference new documentation,  Condition A4 to redistribute approved dwellings to Precinct C Central Hospital; and						
A CONTRACTOR OF THE PARTY OF TH	Conditions A2 and A8 to	amend building envelopes	within Precinct C.				
Your modification request may need to be accompanied by an Environmental Assessment, including An electronic and hard copy of this document will be required.							
	ESTIMATED CAPITAL INVES	TMENT VALUE					
	Please indicate the estimated concept plan (excluding GST).		he modification to the project approval or				
	\$0						
	<u> </u>		化自由体 医多耳 克里里 化二甲基基基基氏法				

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proportion of full time equi	valent (FTE) jobs ov	the proposed modification. This should be exp er a full year.	ressed as a
Construction jobs (FTE)	0	Operational jobs (FTE)	
. Landowner's cons	sent (where red	quired)	
s the owner(s) of the above pr	operty, I/we consent	to this request being made by the proponent:	
Land		Land	
ANSTRALASIAN CONFI	ELEN GE ASSOCI	ATTON 150	
Signature	1	Signature	
Name DIRECTOR.	DINECTO	. Ivallie	
Date	ABITAN HEUNI	Date	
27 NOVEMBER 2024		Date	
Persons making a request to modify a project or concept plan are required to declare reportable political donations (including donations of or more than \$1,000) made in the previous two years.			
donations (including donate	tions of or more than		
		\$1,000) made in the previous two years.	
donations (including donated Have you attached a discharge)  Yes		\$1,000) made in the previous two years.	
Have you attached a discl  Yes  No	osure statement to the	\$1,000) made in the previous two years.	
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