

22.05-2 MEDICAL CENTRES21/09/2006
C26(Part 1)

This policy applies to medical centre permit applications in the Residential 1 Zone, Low Density Residential Zone, Mixed Use Zone and Township Zone.

Policy Basis

There is a growing trend for medical centres, chiropractors, naturopaths, osteopaths, dentists, and other consulting medical or allied professionals to locate in residential areas. While many of these serve the local residential population there has been a tendency for the establishment of larger multi-purpose centres which serve a broader population catchment.

This policy aims to provide guidance to applicants in the design and location of medical centres within the municipality and assist in the assessment of applications.

For the purposes of definition (refer to Clause 74 of the *Victoria Planning Provisions*), 'medical centre' means:

§ Land used to provide health services (including preventative care, diagnosis, medical and surgical treatment, and counselling) to outpatients only.

Objective

§ Achieve well designed, quality medical centres, which are suitably located and do not have a negative impact on residential amenity.

Policy***Exercising discretion***

It is policy to:

- § Discourage 24-hour medical centres in residential areas.
- § Encourage large multi-practice medical centres that serve a broad population catchment or 24-hour medical centres to locate within or near the Wangaratta Central Activities Area.
- § Encourage co-location and integration of medical centres with local activity centres and other non-residential land uses in residential areas.
- § Encourage medical centres to locate adjacent to or in proximity to other community support facilities such as schools, pre-schools, open space, child care centres, and recreational facilities.
- § Encourage medical centres on 'arterial', 'link' or 'collector' roads, as identified in Council's *Road Hierarchy Plan 2004*.
- § Discourage the establishment of medical centres with access from 'cul-de-sac' roads.
- § Locate medical centres in proximity to public transport routes.
- § Encourage the street appearance/s of medical centres to be consistent with the character of the area and to have a residential scale, height and building form that is sympathetic to the character of adjoining dwellings and the streetscape.
- § Encourage access to and from the site to be designed to facilitate the safe and efficient movement of vehicle and pedestrian traffic.
- § Provide adequate car parking for staff and patients on-site to eliminate any demand for off-site and on-street car parking, with at least one off-street space to be provided and designated for persons with disabilities.

- § Provide landscaping to protect the amenity of adjoining and nearby residential dwellings, including the screening of any car parking areas adjacent to site boundaries.
- § Encourage car parking to be located in the main street setback of the medical centre.
- § Encourage any signage to be low-scale and sympathetic to the surrounding area.
- § Encourage a street number to be clearly displayed.
- § Limit the hours of operation in residential areas to commonly accepted business hours.
- § Consider the location of the medical centre in terms of existing health facilities in the area and the local road hierarchy.
- § Ensure that new medical centres adjacent to existing residential development respond positively to the height, mass and landscaping of existing development.
- § Require medical centres to locate in areas accessible to public transport.
- § Ensure that adequate off-street car parking is available and cars are able to manoeuvre in and out of car spaces and enter and leave the site in a forward direction.
- § Require signage at the street frontage of the building to direct clients to the off-street car parking.
- § Ensure that the medical centre is appropriately located and designed in terms of 'location, design and amenity requirements' of this policy.

Policy References

- § *Rural City of Wangaratta Municipal Land Strategy, June 2004.*
- § *Rural City of Wangaratta Road Hierarchy Plan 2004.*