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The Secretary
An Bord Pleanala
64 Marlborough Street
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TIME 10.40 BY HAWP.

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LTR-DATED M. FROM
PL PIACOLY

13th September 2011

Re: 29N.PA0024

Applicant: National Paediatric Hospital Development Board **Proposed Development:** Construction of a 392-bed in-patient

plus 53 day-care bed National Paediatric Hospital at Eccles St. Dublin 1

Heceived: 14-G-11
Fee: £ 50 Chopse
Receive No. B115 G15

A Chara,

On behalf of the Mountjoy Square Society, the members of which are residents and house owners in Mountjoy Square, we wish to make the following observations on the proposed National Paediatric Hospital:

- **1.Scale:** We consider the development, in particular the height and massing of the ward block, to be very out of scale with its surroundings in this sensitive part of the Georgian city, and to impact negatively on the whole of the North Georgain Core.
- **2. Location:** We are supportive of the location of the New Children's Hospital at the Mater site and expect that it will have a generally positive effect on the area of the inner city. However, we consider that there should be greater planning gain for the neighbourhood in the immediate vicinity of the new development, particularly with respect to site permeability and landscaping.

1. Scale

View and Vistas

The application itself highlights the very serious impact the building will have upon many properties, streets and vistas in the North Inner city and Georgian Core. (Chapter 14 Architectural Cultural Heritage (EIS Section 2))

which overpower their surroundings."

We would submit that the size of the building is already vastly in excess of that indicated by the LAP.

While we do not believe the Georgian core must necessarily be static and unchanging, the acknowledged high quality of the receiving environment demands that any new development be of the highest quality. As the LAP notes high buildings on the site should be "of the highest architectural standard with landmark qualities" (key site objectives item 5) and "of international quality".

2. Location:

Site Permeability

One of the possible main planning gains identified in the Phibsborough/ Mountjoy Local Area Plan (LAP) is site permeability. Illustrations in the plan showing permeability indicate several routes through including a main route through the centre of the site as a continuation of Nelson Street.

In the Planning Application (Masterplan) submitted there are three new pedestrian routes running north/ south on a diagramme titled Permeability (Volume 1: Site Masterplan p 55. Figure 45). These broadly follow the routes shown in the LAP.

Route 1 is identified between the original Mater building and the new Children's Hospital. However in the accompanying text (p 51) it is noted "This route would only be fully realised should the existing link that connects the Hostel Building to the old Mater building be removed." Indeed this existing link is shown still in place in the Planning Application drawings.

Route 2 is the continuation of Nelson Street, through the centre of the new Children's Hospital and the new Mater. Again the text notes (p 51) "This connection presents a number of security issues if it is to be open to the general public." And later "Management of this route and the security of these access points will need to be developed in consultation with the hospital"

It is quite obvious that these two main routes will not be open to the public. To show these routes on a diagramme titled "Permeability" Figure 45 p 55 is therefore misleading, and the planning gain that might have been expected for the local neighbourhood, which is sacrificing so much in terms of light, privacy, greatly increased traffic and nightime activity, would not be a reality.

We would suggest that route 2 is a vital assest as far as planning gain is concerned and that permanent 24 hour access to this route be a condition of any permission.

Landscaping

Much is made of landscaped roof gardens in the plans and 3D images, however there appears to be no ground level landscaping or gardens that could exist without high maintenance programmes and that might be easily accessed by the public and residents of the neighbourhood.

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Earlier plans of the hospital showed the courtyard garden of the 19th century hospital restored with public access to it. This, however does not appear on the planning drawings.

The question remains whether there is any planning gain for residents in the immediate vicinity.

With these points in mind we would like to see the height of the building reduced and the massing broken down; in effect, the ward block element should be completely redesigned to adequately reflect the truly landmark nature of the project, and to sensitively respond to the environment in which it is situated.

We also contend that there should be planning gain incorporated into the development that would adequately respond to the loss of amenity in the immediate neighbourhood.

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Mary Laheen MRIAI

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