

Planning Committee

(14th Meeting)

20th February 2025

**Part A (Non-Exempt)**

All members were present, with the exception of Connétable M.O'D. Troy of St. Clement and, from whom apologies had been received.

Connétable P.B. Le Sueur of Trinity (Chair)  
 Deputy A.F. Curtis of St. Clement (Vice Chair)  
 Connétable K.C. Lewis of St. Saviour  
 Connétable M. Labey of Grouville  
 Connétable R.A.K. Honeycombe of St. Ouen  
 Connétable D.W. Mezbourian of St. Lawrence  
 Deputy S.M. Ahier of St. Helier North  
 Deputy T.A. Coles of St. Helier South  
 Deputy A. Howell of St. John, St. Lawrence and Trinity

In attendance –

C. Carter, Planning Applications Manager  
 C. Jones, Senior Planning Officer  
 S. Nibbs, Senior Secretariat Officer, Specialist Secretariat, States Greffe  
 (items A1 – 3 and part of item A4)  
 C. Tucker, Assistant Secretariat Officer, Specialist Secretariat, States Greffe  
 (items A1 – 3 and part of item A4)  
 H. Roche, Senior Secretariat Officer, Specialist Secretariat, States Greffe  
 (part of item A4)  
 E. Patterson, Assistant Secretariat Officer, Specialist Secretariat, States Greffe  
 (part of item A4)

Note: The Minutes of this meeting comprise Part A only.

Minutes.

A1. The Minutes of the meeting held on 16th January 2025, were taken as read and were confirmed.

Field Nos.  
 747A/747B,  
 Le Mont Fallu,  
 St. Peter:  
 proposed  
 demolition of  
 outbuildings  
 and  
 construction of  
 new  
 agricultural  
 shed (RFR).

A2. The Committee, with reference to its Minute No. A7 of 16th January 2025, considered a report in connexion with an application which sought permission for the demolition of existing outbuildings and their replacement with an agricultural/horticultural shed, with associated landscaping, on Field Nos. 747A/747B, Le Mont Fallu, St. Peter. The Committee had visited the site on 14th January 2025.

The Committee recalled that it had been minded to grant permission, contrary to the Department's recommendation. Consequently, the application had been re-presented for formal decision confirmation and to set out the specific reasons for approval and the conditions which were to be attached to the permit.

The Committee confirmed approval of the application for the reasons set out in the Department report and on the basis of the conditions detailed therein.

P/2024/0785

Les Niemes Farm,  
La Rue des Niemes,  
St. Peter:  
proposed  
conversion of  
packing shed  
to residential  
unit.

A3. The Committee, with reference to its Minute No. A6 of 16th January 2025, considered a report in connexion with an application which sought permission for the redevelopment of an existing packing shed and its conversion to residential use, at the property known as Les Niemes Farm, La Rue des Niemes, St. Peter. The Committee had visited the site on 14th January 2025.

The Committee recalled that it had been minded to grant permission, contrary to the Department's recommendation. Consequently, the application had been re-presented for formal decision confirmation and to set out the specific reasons for approval and the conditions which were to be attached to the permit.

P/2024/0917

The Committee confirmed approval of the application for the reasons set out in the Department report and on the basis of the conditions detailed therein.

Former  
Overdale  
Hospital site,  
Westmount  
Road, St.  
Helier:  
proposed  
construction of  
new acute  
hospital.

A4. The Committee, with reference to its Minute No. A1 of 10th March 2022, considered a report in connexion with an application which sought permission for the construction of a new hospital on the former Overdale Hospital site, Westmount Road, St. Helier. The application included surface level car parking, external plant and landscaping and the demolition of existing buildings and structures, to include part of the property known as Camden and the garage of the property known as Briez Izel. It was further proposed to alter Westmount Road and the access through West Park and Val André, including a new pedestrian and cycle route, together with associated alterations to the highway network. New drainage connections would be provided, together with a high voltage below ground power cable from West Park and below ground attenuation in People's Park. The Committee had visited the site on a number of occasions, most recently in December 2024.

P/2024/1025

Deputies S.M. Ahier of St. Helier North and A. Howell of St. John, St. Lawrence and Trinity, did not participate in the determination of this application.

A site plan, drawings and 3-Dimensional model were displayed. The Committee noted that the application site was situated within Sustainable Transport Zone 2, the Built-Up Area Boundary, the Green Backdrop Zone and was a Protected Open Space. The site was also on the Eastern Cycle Route and had been designated as a Jersey Hospital Site. Policies SP2, SP3, SP4, SP5, SP6, SP7, PL1, GD1, GD2, GD3, GD5, GD6, GD7, GD8, GD9, GD10, NE1, NE2, NE3, HE1, HE5, ER3, ME1, ME2, ME3, CI3, CI7, TT1, TT2, TT3, TT4, WER1, WER2, WER6, WER7 and UI3 of the 2022 Bridging Island Plan were relevant. Attention was also drawn to relevant supplementary Planning Guidance (SPG) relating to Managing Change in Historic Buildings (2024), St. Helier Design Guidance (2023), Our Hospital Supplementary Guidance (2020), Development of Contaminated Land (2017), Planning Obligation Agreements (2017), Jersey Architecture Commission (2014), Site Waste Management Plans (2013), Crime Impact Statements (2012), Percentage for Art (2012), Archaeology and Planning (2008), Roofscapes (2008), Design Statements (2006), Parking Guidelines (1988), Bats, Buildings and the Law and the Jersey Landscape and Seascape Character Assessment (JILSCA).

The Committee noted the extensive relevant planning history of the site and other Jersey Hospital sites, which included an application to demolish buildings in Kensington Place, including Sutherland Court, and parts of the General Hospital and to construct a new hospital with associated landscaping, highways and infrastructure works, including the addition of 2 half-decks of parking to Patriotic Street carpark, which had been refused in January 2018 (planning application No. PP/2017/0990 refers). An application for the phased construction of a new hospital on the Gloucester Street/Kensington Place, St. Helier site had also been refused by the Minister for the Environment in 2019, following a public inquiry (planning application No. PP/2018/0507 refers). Planning application No. P/2021/1139 had

proposed a change of use from educational use to Class K – medical facility at Les Quennevais School, St. Brelade and had been approved by the Committee in December 2021 (Minute No. A10 of 9th December 2021 refers). Planning application No. P/2021/1398 had proposed the demolition and site clearance of the existing buildings on the Overdale site and had been refused by the Committee in March 2022 (Minute No. A1 of 10th March 2022 refers). Planning application No. P/2021/1670 had proposed the demolition of the existing Overdale buildings, a number of properties including the Jersey Bowls Club, and the construction of a new hospital and associated buildings. Following a Public Inquiry in April 2022, and the completion of a satisfactory Planning Obligation Agreement (POA), the application had been approved in March 2023. It was noted that only the demolition of the existing Overdale buildings element had been implemented. An application for the construction of a new surface water collection and drainage system for the West Park, St. Helier area, and discharge outfall into St. Aubin's Bay, had been approved by the Department under delegated powers in April 2024 (planning application No. P/2023/0756 refers).

The Committee was advised that the application site covered approximately 14.3 hectares and included land on either side of Westmount Road, incorporating the former offices of Jersey Water to the north, field Nos. 1550, 1551 and 1552, St. Helier, to the east and Val André to the west. A number of residential properties were sited between the fields, including Westmount Gardens and a Grade 4 Listed Building known as Briez Izel. The main vehicular access to the application site was *via* Westmount Road, which ran through the application site, connecting onto Tower Road to the north and Pierson Road/St. Aubin's Road to the south-east. It was noted that the entire application site was within the ownership of the Government of Jersey and the Parish of St. Helier. It was anticipated that the Government of Jersey would take over responsibility for Westmount Road from the Parish of St. Helier.

The proposed new acute hospital building, situated on the west side of Westmount Road, would comprise 5 floors of accommodation offering a range of essential services. The main access to the hospital would be from Westmount Road *via* Tower Road, or St Aubin's Road to the south and south-east of the site. The facilities management yard in the northern part of the site would include delivery bays to receive service vehicles and goods for the facility and for the collection of operational waste. The former Jersey Water building would be retained for facilities management purposes, together with offices and training workshops for staff. The construction of a 55 x 14 metre single storey, flat roofed building, sited to the south of the proposed northern carpark was proposed and this would be utilised as a compound for back-up generators.

The proposed main vehicle parking area, providing 305 spaces, would be located in 2 areas to the east of the site, within Field Nos. 1550, 1550A, 1551 and 1552 and would be accessed off Westmount Road. A further 38 vehicle parking spaces were proposed to the south of the main hospital building, and these would also be accessed *via* Westmount Road. Secure and sheltered bicycle parking was also proposed, including 90 long-stay and 10 short-stay bicycle parking stands for staff, patients and visitors.

A new junction to the north of the driveways to the properties known as Camden House, Rockferry and Ponderosa was proposed, which would provide access for ambulances, other emergency vehicles, public drop-off, car parking and taxis. New junctions off Westmount Road would facilitate access to the public and staff car parking areas together with access for buses, patient transfer services and secondary access to the facilities management yards. Alterations to the highway, including Westmount Road, were proposed, and involved localised widening in areas of bends to at least 6.7 metres with a 2 metre wide footway. An 'Active Travel Route' for

walking and cycling would be provided through West Park from St Aubin's Road.

The Historic Environment Team (HET) report had stated that the proposals would substantially impact several heritage assets, with approval recommended on the basis of the benefit to the public. The HET further advised of the potential for surviving prehistoric archaeology within the site.

The application was recommended for approval, having taken into account the relevant Policies of the 2022 Bridging Island Plan and all material considerations, including the consultations and representations received. Approval would be subject to the imposition of certain conditions detailed within the Department report and on the basis of the entering into of a suitable POA. Furthermore, the applicant would be required to make an application for a Fire Certificate prior to occupation of the facility. Matters regarding the requirements for access and facilities would be addressed in a Building Bye-Laws application.

15 representations had been received in connexion with the application.

The Committee heard from [REDACTED], [REDACTED], regarding the impact of the scheme on the surrounding infrastructure. [REDACTED] advised that traffic and transport provision had been considered in detail by Arup, a sustainable development consultancy. Surveys and traffic modelling investigations had been undertaken, focussing on the overall impact of the development. A number of off-site mitigations had been proposed, and a bus access strategy was under consideration.

In response to further questions from the Committee regarding site access, it was noted that discussions with Liberty Bus were ongoing regarding bus timetables and the provision of additional bus stops, as well as the frequency of the bus service, which would be required 7 days per week. Due to the anticipated high volumes of travellers, further discussions would be held with leadership teams within the hospital to identify shift patterns and ensure that sufficient transportation would be available for staff members during peak periods.

[REDACTED] informed the Committee that data had been gathered in connexion with the proposed pedestrian crossing on Victoria Avenue to manage traffic flows and encourage sustainable travel. Discussions were also taking place with the Highways Department in connexion with signal timings to allow traffic to flow efficiently in this area, particularly during peak periods.

With regard to the proposed car parking provision, [REDACTED] confirmed that 10 per cent of the spaces would be allocated for use by people with disabilities and would be located immediately adjacent to the main entrance of the hospital. A comprehensive car park management plan had been requested to allow for continued flexibility to reassess these provisions. It was requested that the car park management plan should also consider the requirements for the crematorium. It was noted that paid car parking was envisaged to address congestion and potential misuse of the car park by commuters. Nevertheless, the Committee requested that the applicant remain mindful of the sensitivities of mourners and the families of patients who required car parking.

The Committee expressed concerns regarding the safety of adjoining roads, including the geometry of Westmount Road. It was noted that a mitigation strategy had been requested to consider the impact of large vehicles using this section of road to ensure that warnings were given to vehicles approaching the hill *via* the use of transponders. Whilst it was advised that Westmount Road was under Parish ownership and consequently any amendments to the same would fall under its remit,

it was acknowledged that the Parish had been supportive of the application and was aware of potential hazards.

The Committee heard from [REDACTED], [REDACTED], Infrastructure and Environment Department, regarding the ecological aspects of the development. [REDACTED] drew the Committee's attention to the detailed planting strategy for the site. It was acknowledged that a robust landscape management plan was required. 3 planting and maintenance zones had been proposed, and there was a commitment to establish planting at the earliest opportunity. [REDACTED] confirmed that officers were supportive of the planting proposals, which took into consideration appropriate species which were native to the area. [REDACTED] emphasised the biodiversity opportunities arising from the reinvigoration of the woodland floor of Westmount Gardens and the surrounding habitat. However, concerns were raised regarding the proposed green walls, which could be perceived as means of concealing inappropriate development. [REDACTED] requested that a 30-year maintenance plan be established to support the scheme. The Committee was advised that the careful selection of vegetation would mitigate the impact of high winds on more vulnerable trees and ensure that green spaces were maintained in the area.

The Committee heard from [REDACTED] Justice and Home Affairs Department, and [REDACTED] [REDACTED] Fire Safety Department, Jersey Fire and Rescue Service, in relation to emergency services access to the site. It was confirmed that the applicant had collaborated with the emergency services to ensure that all main routes, entry and exit points and overarching elements concerning emergency transport had been addressed. In response to further questions from the Committee, [REDACTED] clarified that the Island experienced a limited number of 'blue light' ambulance calls (*circa.* 60 emergency category calls per month) and, of these, only a small number would result in emergency transportation to the hospital site. Ambulances using the adjoining roads moved at relatively slow speeds to ensure the safety of crews and passengers, whilst providing care to patients within the vehicle. Consequently, it was envisaged that concerns raised, such as the hairpin bend on Westmount Road, would not pose a significant risk. The confines of the current hospital site were also outlined, and it was noted that the proposal sought to create additional safety and accessibility for drivers and patients with the construction of larger turning circles for ambulances and dropped kerbs to enable safer access. Having considered the internal features of the building as proposed in the application, [REDACTED] confirmed that the development adhered to all current fire safety regulations and laws and no concerns had been raised.

In response to questions from the Committee regarding proposed access routes for emergency vehicles, it was confirmed that this would predominantly be via Westmount for ambulances and Queen's Road for fire engines. Whilst concerns had been raised regarding narrow areas of St. John's Road, it was envisaged that this route would only be used in extreme circumstances, and, therefore, these risks were mitigated. Further risks, such as the presence of the hairpin bend, were discussed and it was confirmed that the Highways Department had been consulted, and appropriate mitigation measures would be implemented. Consequently, [REDACTED] expressed the view that the benefits of the new proposal outweighed any highway concerns associated with the scheme.

The Committee heard from [REDACTED], Housing and Nuisance Team, Environmental Health Department, regarding the mitigation of noise pollution throughout the construction process. In response to questions from the Committee, [REDACTED] advised that an infrastructure project of this scale would inevitably involve large vehicles delivering materials/equipment to the site. Nearby residents would be informed of intended delivery times, and every effort would be made to

limit such deliveries to within normal working hours. It was noted that the Department would provide recommendations concerning proposed working times and methodology to mitigate the impact on traffic and residential properties. The importance of completing a project of this scale within specific time scales was acknowledged. It was confirmed that decibel testing would take place during construction, and that the upper limit level of 70 decibels for offending noise was the Departmental guideline. It was acknowledged that the piling process, due to take place in the first stage of the development to lay foundations, was considered the most disruptive and would comply with these limits. Such activities would be restricted to operational hours only and would not commence before 9.00 am. However, the Committee was advised that reduced operating hours would result in the project taking longer to complete.

The Committee heard from [REDACTED], who raised concerns in connexion with the application in its current form. As a resident of the area, whose property shared a boundary with the application site, [REDACTED] requested that the Committee consider whether the application satisfied the policies outlined in the 2022 Bridging Island Plan. He reminded the Committee that the proposed development was only 2.7 metres lower than that of the previously refused application, breaching the skyline and tall buildings policies. Whilst pleased that the previously proposed remodelling of Westmount Road had given way to the extant application, [REDACTED] was concerned about emergency access and questioned whether due consideration had been given to north bound traffic given the closure of New St. John's Road. [REDACTED] reminded the Committee of comments made during the States debate on 1st February 2021, in relation to the safety of Westmount Road. He asked the Committee to consider existing parking constraints and also questioned whether crematorium visitors would be required to pay for car parking on the already congested hospital site. [REDACTED] recalled that he had been given assurances by a previous Chief Minister that a hospital would not be constructed at Westmount, due to concerns expressed regarding the camber of the road. [REDACTED] urged the Committee to defer consideration of the application pending further consideration of the conditions proposed to ensure that sufficient mitigation measures were in place.

The Committee heard from [REDACTED] a concerned Islander, who questioned whether sufficient consideration had been given to the use of solar panels on the roof areas of the proposed building.

The Committee heard from [REDACTED] Minister for Health and Social Services, who spoke in favour of the application. [REDACTED] advised the Committee that the extant plans had saved 13 properties from demolition in the Overdale area, and that the relocation of Westmount Bowls Club was no longer required. Furthermore, hundreds of mature trees would be retained. [REDACTED] stated that a deferral or refusal of permission by the Committee would have a detrimental effect on the existing hospital and he expressed concerns regarding potential third-party planning appeals. The Minister further advised the Committee that there were currently insufficient bed spaces in the existing hospital. Any further delays would have a significant impact on patient safety. [REDACTED] extended an invitation to [REDACTED] and the Committee to visit the existing site, to illustrate the operational challenges which were being faced. The Minister thanked the hospital facilities team for their continued efforts in working within the confines of Jersey General Hospital.

The Committee heard from [REDACTED] Medical Director and Consultant Orthopaedic Surgeon, Jersey General Hospital. [REDACTED] advised the Committee that there had been an awareness of the deteriorating state of the hospital for over a decade, adding that Islanders and staff deserved a better facility.

████████ emphasised that the existing hospital site comprised several disassociated buildings. These failed to meet patient safety requirements and modern infection control criteria. There was an urgent need to streamline flows and minimise long patient journeys. Enhancing efficiency, so that 2 trolleys could pass in a corridor was essential. ██████ advised that 6 patients shared one bathroom in a hospital ward. Moreover, end of life care was taking place in settings which were not appropriate for confidential and sensitive conversations with patients and their families. There were insufficient single side rooms to accommodate patients with infectious illnesses. In contrast, ██████ noted that the proposed new hospital would benefit from a number of single rooms with *en suite* facilities, and a maximum of 4 beds to one bay if shared care spaces were used, with 2 bathrooms to each bay. He advised that the operating theatres at Jersey General Hospital should be closed and deep cleaned following a flooding incident. In addition, beds and other decommissioned items were stored in corridors due to a lack of storage facilities. In summary, ██████ stated that accelerated change was required, and that the proposed development best supported Jersey's ongoing clinical and healthcare needs.

In response to a question from Deputy T.A. Coles of St. Helier South, ██████ confirmed that the transportation of patients from a hospital ward to an operating theatre in the new hospital would not be problematic. In response to a question by Connétable D. Mezbourian of St. Lawrence, regarding the view of clinicians in respect of the exterior design of the proposed new hospital, ██████ re-iterated that the existing hospital facility was completely unfit for purpose and that daily challenges included water ingress and the presence of asbestos across the site.

The Committee heard from ██████, Health and Social Services Department. ██████ confirmed that the design of the new hospital facility had been developed in conjunction with the Health and Social Services Department, and that clinical and non-clinical staff had been consulted throughout. Consequently, the design team had adjusted the plans in response to comments in respect of the size and design of rooms for patients, patient requirements and individual frailties. Nursing care would be maintained at existing levels. ██████ confirmed that the clinical team had planned up to the year 2036, and beyond, when more acute bed spaces would be required. In response to a query from Deputy Mezbourian, ██████ confirmed that the landscaped spaces designed around the new hospital would have a positive effect on both patient and staff welfare.

The Committee heard from ██████, Health and Social Services Department. ██████ confirmed his support for the proposed development. ██████ advised that the extant plans for the new hospital had been thoroughly reviewed with clinicians. ██████ stated that the single patient room provision would improve infection control and maintain patient dignity. Staff would benefit from bespoke rest areas, as well as dedicated teaching spaces. It was hoped that the new hospital facility might help to attract interest from healthcare professionals outside of the Island to live and work in Jersey.

In response to a question from Connétable K.C. Lewis of St. Saviour, the Minister for Health and Social Services confirmed that consideration was being given to the provision of staff accommodation.

The Committee heard from ██████ Llewellyn Davies Architects (LDA). ██████ confirmed that LDA had designed more than 250 hospitals in the previous 20 years, and that the practice had worked in Jersey for more than 5 years, in conjunction with Morris Architects. 3 key factors had informed the design strategy of the new hospital - the optimal solution envisaged by clinical stakeholders, the form and function of the building given its connections and sensitivities in relation to the nearby Listed cemetery and crematorium, and the

visual impact in relation to historic landmarks such as Elizabeth Castle and Fort Regent. Extensive engagement with clinical stakeholders had ensured 'buy in' from clinicians and support staff, who recognised the need for flexibility and stability in the future. [REDACTED] stated that a site-specific form had been created, set around a pinwheel design which enabled access to the building from a variety of external points. Numerous 'set down' areas would be provided on the main concourse, and the pinwheel divided and directed the site into 4 zones. [REDACTED] highlighted the use of natural light in the new building and other environmental factors which were envisaged to aid care and recovery. He acknowledged the need to moderate the impact of the building on the skyline by minimising light pollution at night.

The Committee heard from [REDACTED] Lead Planning Consultant for Projects and the Lead for the New Hospital Project. [REDACTED] stated that there was a clear and urgent need for a new hospital, and that the proposed conditions in relation to highways were considered reasonable and proportionate.

The Committee heard from [REDACTED] Ministerial Adviser, Head of the Primary Care Body and a retired General Practitioner. [REDACTED] stated that the proposed new acute hospital was essential and that, having reviewed the scheme, the plans made sense from a practical perspective. He emphasised the importance of the provision of single rooms for patients to manage infection control. [REDACTED] confirmed that his fellow clinical advisers, who could not be present at the meeting, believed that it was becoming impossible for the existing hospital to meet healthcare needs adequately. [REDACTED] further emphasised the compelling design of the new hospital, and the likelihood that the proposed new healthcare facility would attract new healthcare workers to the Island. [REDACTED] concluded by stating that the future of healthcare in Jersey would be enhanced by the proposed new hospital.

Connétable R.A.K. Honeycombe of St. Ouen noted that a multi-storey car park had been included in a previous iteration of the scheme, and he questioned why this was no longer included. He expressed concern regarding the provision of car parking on the site (343 spaces in total). In response, [REDACTED], Lead Transport Planner for Arup, advised that trip generation data had informed the stated number of spaces. A multi-storey car park was not considered to be appropriate, given the proximity to the crematorium and the impact on the Listed cemetery site. [REDACTED] further confirmed that sufficient bicycle parking would be available on the site.

Connétable M.A. Labey of Grouville questioned why access to the new hospital site via George V Cottage Homes had not been progressed. [REDACTED] confirmed that whilst this had been considered as an option, the costs, environmental impacts and gradients had ruled out the same.

Connétable Honeycombe queried why Mulcaster House, a building in close proximity to the proposed hospital site, had not been demolished. [REDACTED] stated that it was intended to utilise the building to accommodate the facilities team during the project.

Connétable D.W. Mezbourian of St. Lawrence expressed concern in connexion with light pollution. It was confirmed that the column lighting would be directed towards ground level rather than the sky. There would be no bollard lighting as this could negatively affect ecological habitats and hinder access into buildings. In response to a further question from the Connétable regarding the life span of the proposed building, [REDACTED] confirmed that the structure had been designed with a minimum lifespan of 60 years, but that with maintenance it should last longer.

[REDACTED], Healthcare Lead for the New Hospital Programme, confirmed that



the anticipated longevity of the building structure and that the new hospital would allow for extra capacity from 2036. [REDACTED], Healthcare Planner, confirmed that he had worked on the project for a decade. Whilst it was difficult to predict healthcare trends in 10 or 20 years, appropriate design and space were both evident in the brief.

Connétable Lewis queried what generator provision was available on site in the event that the main electricity supply to the site had failed. It was confirmed that an emergency supply would provide power for 72 hours using on-site generators. The generator building was necessarily placed near the car park (rather than under the building) in order to minimise disruption when the generators required testing and re-starting on a monthly basis.

The Committee discussed the application and noted that it had been assessed against Policies CI2, CI3, SP3, SP7, GD1, GD6, GD7, GD8, GD9, TT1 and TT4 of the 2022 Bridging Island Plan. The requirement to demonstrate the overall benefit to the Island must outweigh any adverse effects or harm caused by the construction of the new acute hospital. Together with Policy considerations, the adoption of Proposition 'P.123/2020 - Our Hospital Site Selection: Overdale' by the States Assembly, and the overarching New Healthcare Facilities Programme and Feasibility Study, were of particular significance. The Committee expressed particular concerns with regard to the surrounding road infrastructure, including the proposed interventions on Victoria Avenue, the car parking provision and the management of crematorium parking. Reservations were also expressed with regard to the proposed façade of the building.

Having considered the application, all material submissions and representations, the Committee unanimously endorsed the recommendation to grant permission. In doing so, the Committee agreed that amendments be made to certain conditions detailed within the Department report. It was agreed that condition No. 22 should be amended to address displaced car parking from the crematorium, in accordance with Policies GD1, TT1, TT2, TT4 and SP1 of the 2022 Bridging Island Plan, and that the Department should seek the views of a façade consultant in order to satisfy condition No. 27. The Committee further agreed to impose an additional condition, in accordance with Policy TT1 of the 2022 Bridging Island Plan, which stated that; *'notwithstanding the requirements of condition 19, no part of the development hereby approved should be occupied until a detailed scheme for the new crossing on Victoria Avenue has been submitted to, and approved in writing by, the Chief Officer. The submitted scheme should include information on its impact on traffic flow on Victoria Avenue at peak times. The approved scheme should be implemented in full prior to the first use of the buildings and should thereafter be retained as such'.*

The Committee also requested that wording be agreed with the applicant for inclusion in the POA, to specify a point in time when the permission for planning application No. P/2021/1670 was rescinded. This would ensure that it would not be possible to implement elements of both approved schemes.