



Date 24 July 2025

Our Ref: 5091363
File Ref: MCU2025/0005
Enquiries: Luke Acreman

Townsville Hospital and Health Service
C/- Milford Planning
283 Flinders Street
TOWNSVILLE QLD 4810

Sent via email: sjones@milfordplanning.com.au

Dear Sarah,

Decision Notice – Approval

(Given under Section 63 of the *Planning Act 2016*)

The assessment manager wishes to advise that the application was approved under delegated authority on 23 July 2025. The approval is subject to reasonable and relevant conditions and supported by a notice of reasons as detailed below:

Applicant details

Applicant name: Townsville Hospital and Health Service C/- Milford Planning

Location details

Street address: 135-139 Gill Street, Charters Towers City, QLD, 4820
Real property description: Lot 1 on SP273222
Current lawful use: Hospital

Application details

Application number: MCU2025/005
Approval type: Development Permit
Development type: Material Change of Use
Category of assessment: Code Assessment
Description of development: The proposed development is for a Material Change of Use for a Hospital.
Definition of use: Hospital
Categorising instrument: Charters Towers Regional Town Plan Version 2

1. Details of the approval

Details of the approval are listed below in accordance with the *Planning Regulation 2017*.

PO Box 189 Charters Towers Qld 4820

ADMINISTRATION: 12 Mosman Street Charters Towers Qld 4820 Australia

PH. (07) 4761 5300 | **F.** (07) 4761 5344 | **E.** mail@charterstowers.qld.gov.au | **ABN.** 67 731 313 583

www.charterstowers.qld.gov.au



	Planning Regulation 2017 reference	Development Permit	Preliminary Approval
Development assessable under the planning scheme, a temporary local planning instrument, a master plan or a preliminary approval which includes a variation approval		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Development on a local heritage place (<i>other than a Queensland heritage place</i>)	Schedule 10, part 8, division 1, subdivision 1		
Material change of use		<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Conditions of approval

Condition Number	Condition	Timing																		
Approved Plans/Documents																				
1.	<p>Development is to be carried out generally in accordance with the submitted application including the following plans and supporting documentation except where amendments are required to satisfy the conditions of this approval:</p> <table border="1"> <thead> <tr> <th>Drawing Title:</th><th>Date:</th><th>Reference No:</th></tr> </thead> <tbody> <tr> <td>Site plan</td><td>11/02/25</td><td>010099-193580-CTHC-G-A-SI-002</td></tr> <tr> <td>Floor plan</td><td>11/02/25</td><td>010099-193580-CTHC-G-A-FL-005</td></tr> <tr> <td>Roof plan</td><td>11/02/25</td><td>010099-193580-CTHC-RP-A-FL-006</td></tr> <tr> <td>Building elevations and finishes</td><td>01/05/25</td><td>SK-03</td></tr> <tr> <td>Heritage Impact Assessment</td><td>26/06/2025</td><td>25078, Rev 01</td></tr> </tbody> </table>	Drawing Title:	Date:	Reference No:	Site plan	11/02/25	010099-193580-CTHC-G-A-SI-002	Floor plan	11/02/25	010099-193580-CTHC-G-A-FL-005	Roof plan	11/02/25	010099-193580-CTHC-RP-A-FL-006	Building elevations and finishes	01/05/25	SK-03	Heritage Impact Assessment	26/06/2025	25078, Rev 01	At all times
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Roof plan	11/02/25	010099-193580-CTHC-RP-A-FL-006																		
Building elevations and finishes	01/05/25	SK-03																		
Heritage Impact Assessment	26/06/2025	25078, Rev 01																		
General																				
2.	<p>a) Comply with all conditions within this Development Permit with conditions prevailing over the approved plan(s) and document(s) in all instances</p> <p>b) Meet the cost of all works associated with the development including any alterations, relocations or repairs to damaged Council infrastructure, and</p> <p>c) All repairs, alterations and relocations of Council infrastructure are to be in accordance with the relevant Council policy and/or Australian Standard.</p>	At all times																		
Currency of approval																				
3.	This approval, granted under the provisions of the <i>Planning Act 2016</i> , shall lapse six (6) years from the day the approval takes effect in accordance with the provisions of 85 of the <i>Planning Act 2016</i> .	At all times																		



Condition Number	Condition	Timing
Environmental		
4.	Ensure that erosion and sedimentation control management is undertaken and maintained to prevent soil erosion and sedimentation runoff to watercourses and Council's storm water drainage system. Erosion and sediment control is to be in accordance with <i>International Erosion Control Association – Best Practice Erosion & Sediment Control guidelines</i> and the <i>Queensland Urban Drainage Manual 2017</i> .	At all times
5.	Ensure that: a) The development does not cause unreasonable interference with the amenity of adjoining premises because of noise, air or other chemical pollutants; b) The premises including the adjoining Council controlled road reserve are kept in a safe, clean and tidy state, and	At all times
6.	Install and maintain a suitable system of security lighting to operate from dusk to dawn within all areas where the public may gain access, including car parking areas, building entrances, footpaths under permanent awnings and vegetated areas. All external lighting must be in accordance with AS/NZS 4282:2019 – Control of the obtrusive effects of outdoor lighting so as to not cause nuisance or distraction to nearby residents or passing motorists.	At all times
Building, Plumbing and Drainage Works		
7.	Obtain a Development Permit and Building Final for Building Works in accordance with the <i>Planning Act 2016</i> . Construction is to comply with the <i>Building Act 1975</i> , the <i>National Construction Code</i> and the requirements of other relevant authorities.	Prior to construction
8.	Obtain a Permit for Plumbing and Drainage Works and Final Inspection Certificate in accordance with the <i>Plumbing and Drainage Act 2018</i> and the <i>Plumbing and Drainage Regulation 2019</i> . Construction is to comply with the <i>National Construction Code: Volume Three – Plumbing Code of Australia 2019</i> , the <i>Queensland Plumbing and Waste Water Code 1: 2019</i> and the requirements of other relevant authorities.	Prior to construction
9.	Retaining walls must receive a surface treatment such as rendering to maintain the visual amenity of the streetscape. The treatments must complement the developments colour pallet.	As part of construction
Air-Conditioning, Plant and Machinery Screens		
10.	All plant and equipment (including air conditioners, exhaust fans and the like) are to be housed, screened and located so that these do not cause environmental nuisance or harm to sensitive uses in the surrounding area.	As part of construction
Landscape Plan		
11.	Prior to the commencement of use, a Landscaping Plan must be submitted to and approved by Council. The plan must be prepared by a suitably qualified professional and include: (a) The location and species of replacement plantings to offset the removal of existing vegetation, with a focus on providing shade,	Prior to commencement of use



Condition Number	Condition	Timing
	<p>enhancing site amenity, and integrating the development with its heritage context;</p> <p>(b) A minimum of two (2) advanced trees planted within the site frontage or open space areas, selected for suitability to the North Queensland climate and long-term establishment;</p> <p>(c) Details of planting soil preparation, mulch, irrigation and ongoing maintenance measures to support successful establishment.</p> <p>All landscaping must be completed in accordance with the approved plan prior to the commencement of use and maintained thereafter for the life of the development. Any planting that fails must be replaced in accordance with the approved plan.</p>	
Damage		
12.	The developer is responsible for the repair of any damage that is caused to Council's infrastructure as a result of the proposed development. The developer must make any damage safe and then notify Council immediately. Council will make the decision as to who will carry out the rectification works and the timing for the completion of those works.	At all times
Heritage Place – Best Practice Standards		
13.	<p>Carry out all conservation, restoration and adaptation work to the existing culturally significant structure in accordance with best heritage conservation practice, The Burra Charter (Australia ICOMOS Charter for Places of Cultural Significance) and the Heritage Impact Assessment, Project Number 25078, Rev 01 26/06/2025 by Australian Heritage Specialists.</p> <p>Timing: Prior to site / operational / building work commencing and while site / operational / building works is occurring and then to be maintained.</p>	As indicated
Heritage Place – Protection		
14.	<p>Implement suitable protection measures to ensure that the local heritage place is retained and protected.</p> <p>The protection measures should include but not be limited to protecting the built structure and external fabric, including footings, cladding and roof sheeting of the heritage place as detailed on the Approved Plans and Documents.</p>	Prior to site / operational / building work commencing and while site / operational / building works is occurring.
Heritage Place – Submit Record		
15.	<p>Submit to Charters Towers Regional Council Planning & Development team (via development@chartersowers.qld.gov.au), a record prepared by a qualified and experienced Heritage Consultant of the existing culturally significant structure approved for partial demolition or demolition as part of this development permit. The record must include:</p> <p>(a) High resolution colour photographs to an archival recording standard of all parts of the affected building components to ensure the built form is recorded including roof forms, facades, and projections, and</p>	Prior to site/operational works/building work commencing



Condition Number	Condition	Timing
	<p>internal and external soffits, columns, stairs, walls, openings, decorative details and any other significant fabric;</p> <p>(b) A key plan identifying the location and direction of each photograph; and</p> <p>(c) Floor plan and elevations at scale 1:100; and</p> <p>(d) The outline specification for recording the areas to be demolished as set out in the Approved Plans and Documents.</p>	
Heritage Place – Partial Demolition		
16.	<p>Partial demolition resulting from this approval must be done in accordance with the Approved Plans and Documents, including the heritage management measures outlined in the Heritage Impact Assessment, Project Number 25078, Rev 01 26/06/2025 by Australian Heritage Specialists and all building work must comply with this condition.</p> <p>(a) Adequate bracing Provide adequate bracing from the commencement of any demolition work and throughout the demolition and construction phases of the project, to ensure all parts of the building not specifically designated for demolition on the Approved Plans and Documents are retained and protected.</p> <p>Timing: While site/operational/building work is occurring</p> <p>(b) Retain existing original fabric Retain all existing external original fabric in the sections of the building which are not being demolished. This will include, but is not limited to, existing decorative detailing, wall cladding, doors, roof sheeting etc.</p> <p>Timing: While site/operational/building work is occurring</p> <p>(c) Submit certification Submit to development@charters Towers.qld.gov.au certification by a Registered Architect / Building Designer (holding a Queensland Building and Construction Commission Licence appropriate to the scale of the approved development), confirming that the partial demolition has been carried out in accordance with the requirements of this condition.</p> <p>Timing: Prior to issue of Certificate of Classification/Final Inspection Certificate or prior to commencement of use of the new building.</p>	<p>While site/operational/building work is occurring and then to be maintained (a),(b), (c) as indicated</p>

3. Currency period for the development application approval

In accordance with section 85 of the *Planning Act 2016*, this approval has a currency period of six years.



4. Further development permits

Please be advised that the following development permits are required to be obtained before the development can be carried out:

1. Building Works
2. Plumbing and Drainage Works

5. Referral agencies

Not applicable.

6. Submission(s)

Not applicable.

7. Notice of reasons

This notice is prepared in accordance with Section 63(5) of the *Planning Act 2016* to inform the public about a decision that has been made in relation to a development application.

Description of the development:	The proposed development is for a Material Change of Use for a Hospital.		
Reasons for the decision:	The application for the Material Change of Use has been assessed against the relevant provisions of the North Queensland Regional Plan 2020 and the Charters Towers Regional Town Plan Version 2. It is considered that the proposal is reasonable and is recommended for approval subject to relevant conditions, despite some non-compliance with the relevant assessment benchmarks.		
Assessment benchmarks:	The proposed development was assessed against the relevant assessment benchmarks of the Charters Towers Regional Town Plan Version 2 including the: <ul style="list-style-type: none"> 1) Community facilities zone code; 2) Development works code; 3) Landscaping code; and 4) Heritage overlay code. 		
	The proposed development was assessed against all the assessment benchmarks listed about and complies with all with the exceptions listed and responded to below.		
	Assessment benchmark:	Reasons for the approval despite non-compliance with benchmark:	
	Landscaping code	The proposed development does not fully comply with Performance Outcome PO5 of the Landscaping code, as existing trees within the development footprint will be removed. It is considered that the retention of these trees would compromise the efficient delivery of the development.	



	Heritage overlay code	<p>The proposed development does not fully comply with Performance Outcome PO2 and PO4 as a small section of significant fabric (wall, window) will be demolished to facilitate access, and the new building will somewhat reduce significant views to the place from Gill Street.</p> <p>The walls and windows are of low and moderate significance respectively. The location and extent of demolition minimise impacts on the site's cultural heritage and reflect best-practice heritage principles. While the new building will partially obscure views of the Outpatient Building from Gill Street, alternative locations were reasonably explored and discounted. Despite the moderate impact, the building's siting, form, and materials have been modestly designed to reduce visual impacts while enhancing hospital functionality.</p>
Relevant matters:	Not applicable.	
Matters raised in submissions:	Submission Point:	Council Response:
	Not received.	Not required.

8. Other requirements under section 43 of the *Planning Regulation 2017*

There are no other requirements.

9. Appeal rights

The rights of an applicant to appeal to a tribunal or the Planning and Environment Court against a decision are set out in Chapter 6, Part 1 of the *Planning Act 2016*. For particular applications, there may also be a right to make an application for a declaration by a tribunal (see Chapter 6, Part 2 of the *Planning Act 2016*). Information about how to proceed with an appeal to the Planning and Environment Court may be found on the Court's website: <http://www.courts.qld.gov.au/courts/planning-and-environment-court>.

An applicant may also have a right to appeal to the Development tribunal. For more information, see schedule 1 of the *Planning Act 2016*. The timeframes for starting an appeal in the Planning and Environment Court are set out in Section 229 and Schedule 1 of the *Planning Act 2016*.

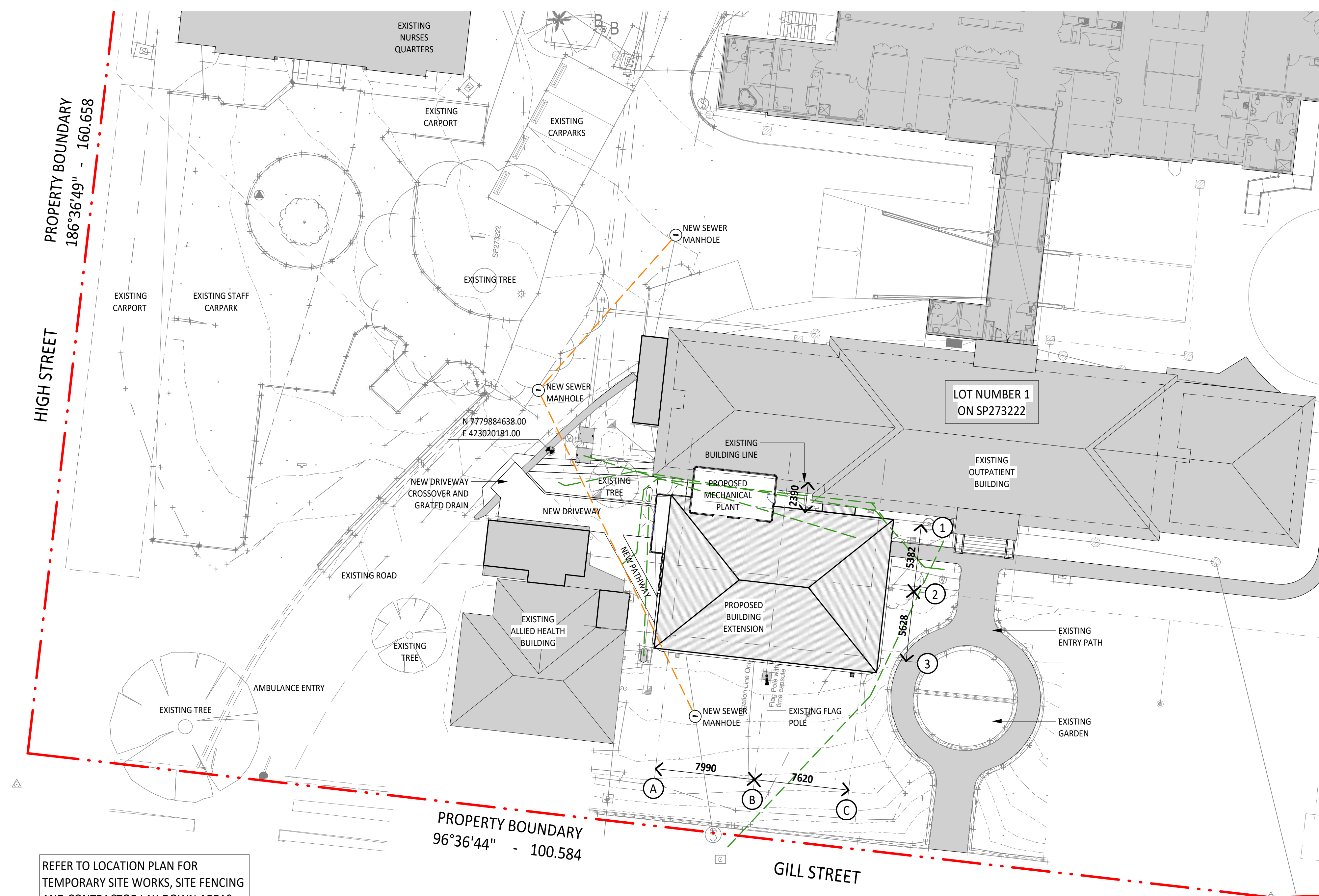
Should you wish to discuss this matter, please contact Council's Planner, Luke Acreman via (07) 4761 5300.

Yours faithfully



Tirnna Green
Manager Planning & Development





1 SITE PLAN
DE-014 1 : 200

REAL PROPERTY DESCRIPTION LEGEND	
PROJECT ADDRESS	137/139 GILL ST, QUEENTON QLD 4820
LOT NUMBER	1
PLAN TYPE AND NUMBER	SP 273222
LOCALITY	QUEENTON 4820
LOCAL AUTHORITY	CHARTERS TOWERS REGIONAL COUNCIL



PEDDLE THORP
architecture | interiors | health | planning



137/139 GILL ST,
QUEENTON QLD 4820

SITE PLAN

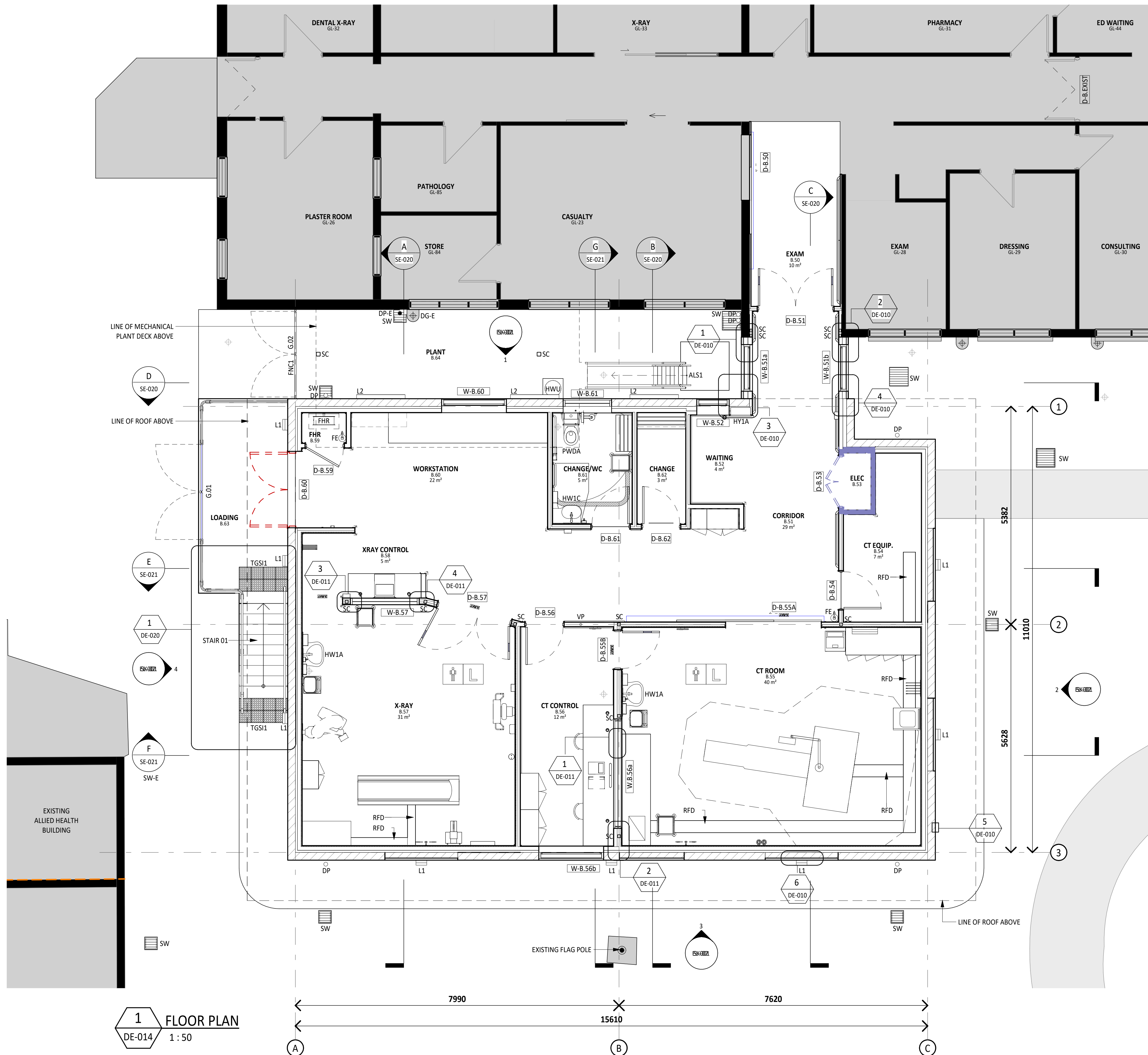
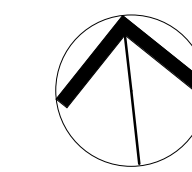


SCALE (at A1)
As indicated

REVISIONS
1

DATE
11/02/25

DRAWING NO.
010099-193580-CTHC-G-A-SI-002



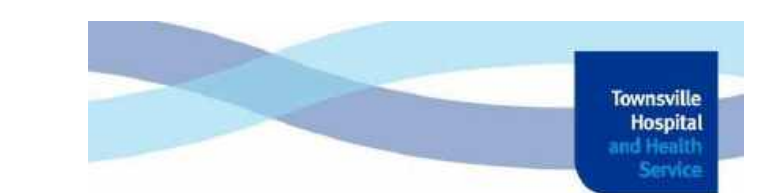
SYMBOL LEGEND	
	BODY PROTECTED ELECTRICAL AREA
	SHIELDING: LEAD LINING

FLOOR PLAN NOTES	
1.	THIS DRAWING TO BE READ IN CONJUNCTION WITH THE SPECIFICATION
2.	PROVIDE ALLOWANCE TO ADD SUPPORT TO WALLS FOR ALL WALL MOUNTED ITEMS, INCLUDING BUT NOT LIMITED TO HANDBASINS, HANDRAILS, SCREENS, PROJECTORS ETC.
3.	ALL PENETRATIONS THROUGH FIRE-RATED BUILDING ELEMENTS TO BE FIRE-STOPPED TO MAINTAIN THE LEVEL OF INTEGRITY OF THE HOST ELEMENT (I.E WALL, FLOOR, CEILING)
4.	REFER TO RADIATION SHIELDING DESIGN REPORTS (AS PREPARED BY TOWNSVILLE HOSPITAL HEALTH SERVICE) FOR RADIATION SHIELDING REQUIREMENTS.

LEGEND	
-E	DENOTES EXISTING
ALS1	ACCESS LADDER SYSTEM TYPE 1
DP	DOWN PIPE - REFER TO HYDRAULIC FOR DETAILS
DG	DISCONNECTOR GULLY - REFER TO HYDR.FOR DETAILS
EXIST	EXISTING
FE	FIRE EXTINGUISHER - REFER TO HYDRAULIC FOR DETAILS
FHR	FIRE HOSE REEL - REFER TO HYDRAULIC FOR DETAILS
FNC1	FENCING TYPE 1
HW1A	HANDWASH BASIN TYPE A
HW1C	HANDWASH BASIN TYPE C
HWU	HOT WATER UNIT - REFER TO HYDRUALIC FOR DETAILS
HY1A	BOTTLE FILLING STATION
L1	LIGHT FIXTURE TYPE 1 - REFER ELECTRICAL DETAILS
L2	LIGHT FIXTURE TYPE 2 - REFER ELECTRICAL DETAILS
RFD	RECESSED FLOOR DUCT - REFER TO ELEC. FOR DETAILS
SC	STRUCTURAL COLUMN - REFER TO STRUCT. FOR DETAILS
SSL	STRUCTURAL SURFACE LEVEL
SW	STORMWATER PIT - REFER TO HYDRAULIC FOR DETAILS
TGS11	TACTILE TYPE 1
VP	VENT PIPE - REFER TO HYDRAULIC FOR DETAILS
UNO	UNLESS NOTED OTHERWISE

REFER TO ARCHITECTURAL SPECIFICATION, WORK SCHEDULE AND FFE SCHEDULE FOR DETAILS

FIRE MANAGEMENT LEGEND	
	FIRE RATED BLOCKWORK- REFER TO SETOUT PLANS FOR MORE INFO
	SMOKE COMPARTMENT WALL
	FIRE RATED CEILING
PLANS TO BE PRINTED IN COLOUR	

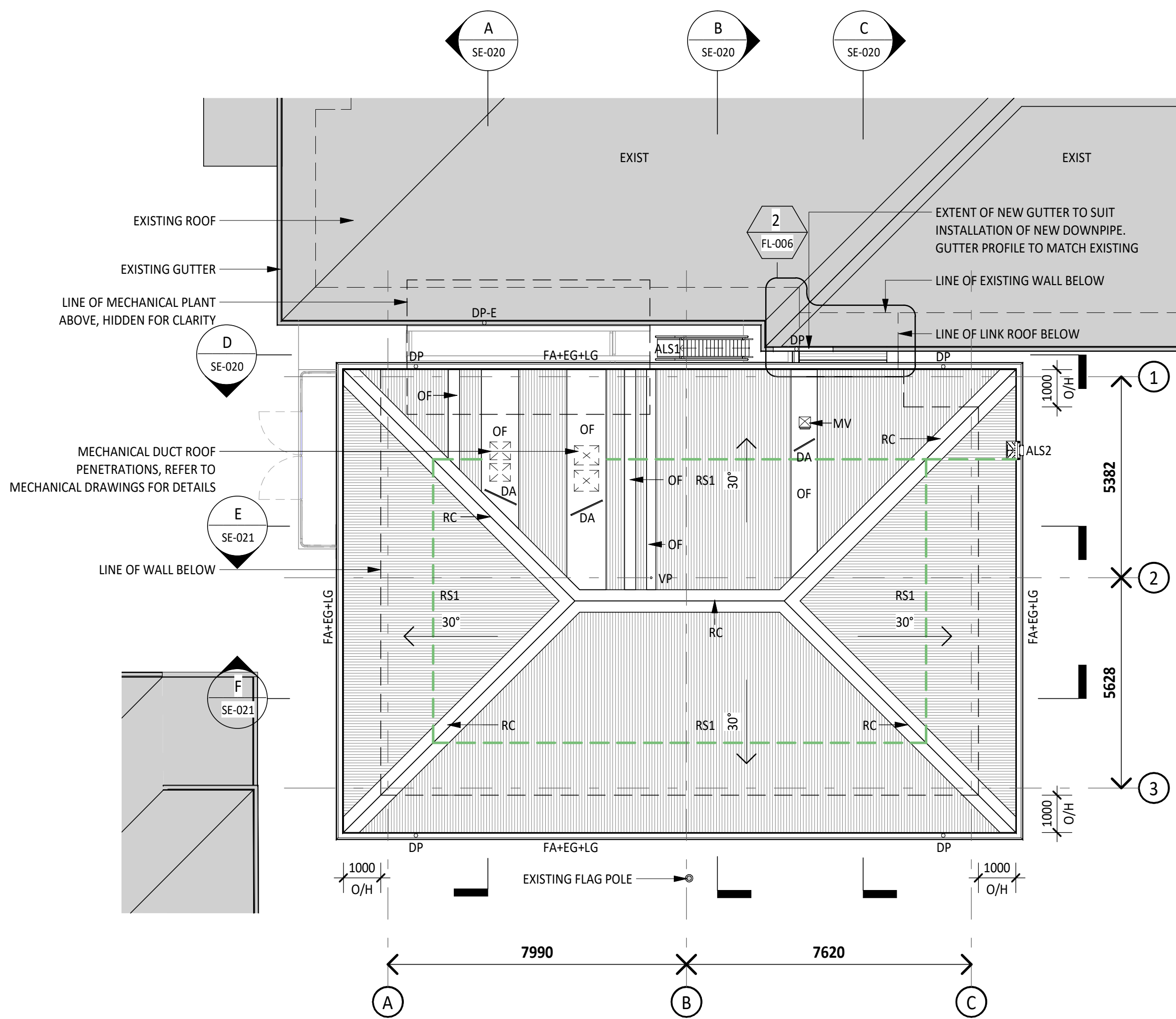


CHARTERS TOWERS HOSPITAL CT SCANNER PROJECT

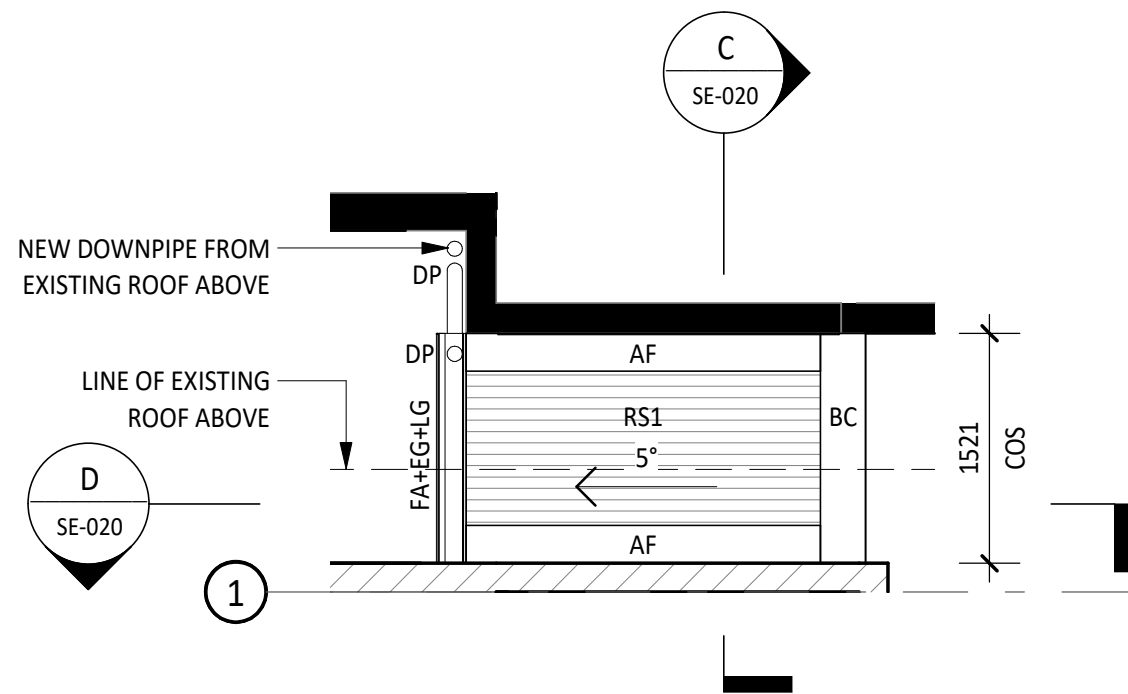
137/139 GILL ST,
QUEENTON QLD 4820

FLOOR PLAN

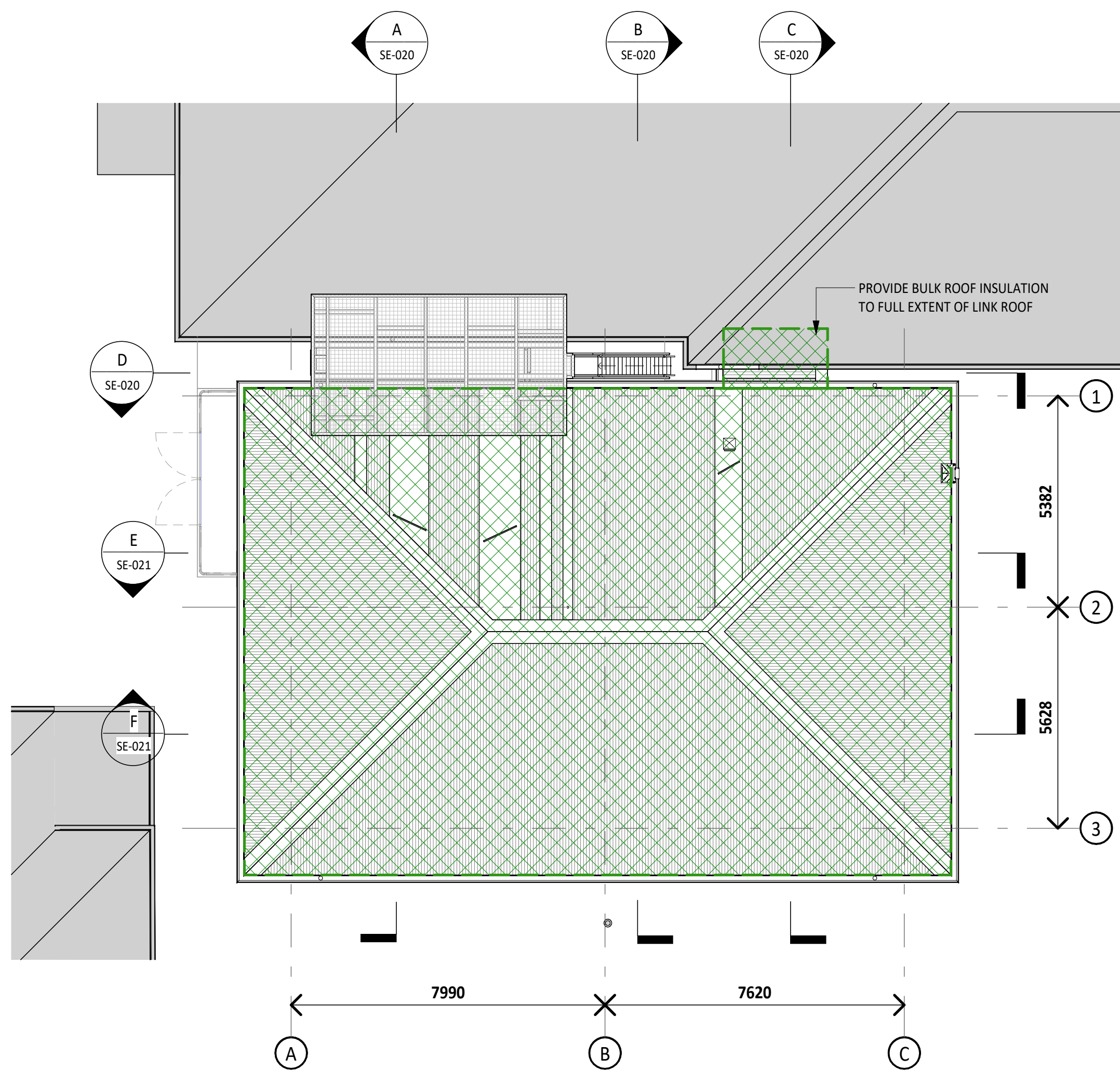
SCALE (at A1)	DATE
1 : 50	11/02/25
REVISIONS	DRAWING NO.
2	010099-193580-CTHC-G-A-FL-005



1 ROOF PLAN
DE-014 1 : 100



2 LINK ROOF PLAN
FL-006 1 : 50



3 ROOF INSULATION EXTENT
DE-014 1 : 100

LEGEND

-E	DENOTES EXISTING
ALS1	ACCESS LADDER SYSTEM TYPE 1
ALS2	ACCESS LADDER SYSTEM TYPE 2
AP	APRON FLASHING
BC	BARGE CAPPING
DA	DIVERTER ANGLE
DP	DOWN PIPE
EG	EAVES GUTTER
EXIST	EXISTING
FA	FASCIA
LG	LEAF GUARD
MV	MECHANICAL VENT
OF	OVER FLASHING / PAN FLASHING
RC	RIDGE CAPPING
RS1	ROOF SHEETING TYPE 1
SC	STRUCTURAL COLUMN
VP	VENT PIPE
UNO	UNLESS NOTED OTHERWISE

REFER TO ARCHITECTURAL SPECIFICATION AND
WORK SCHEDULE FOR DETAILS

ROOF PLAN NOTES

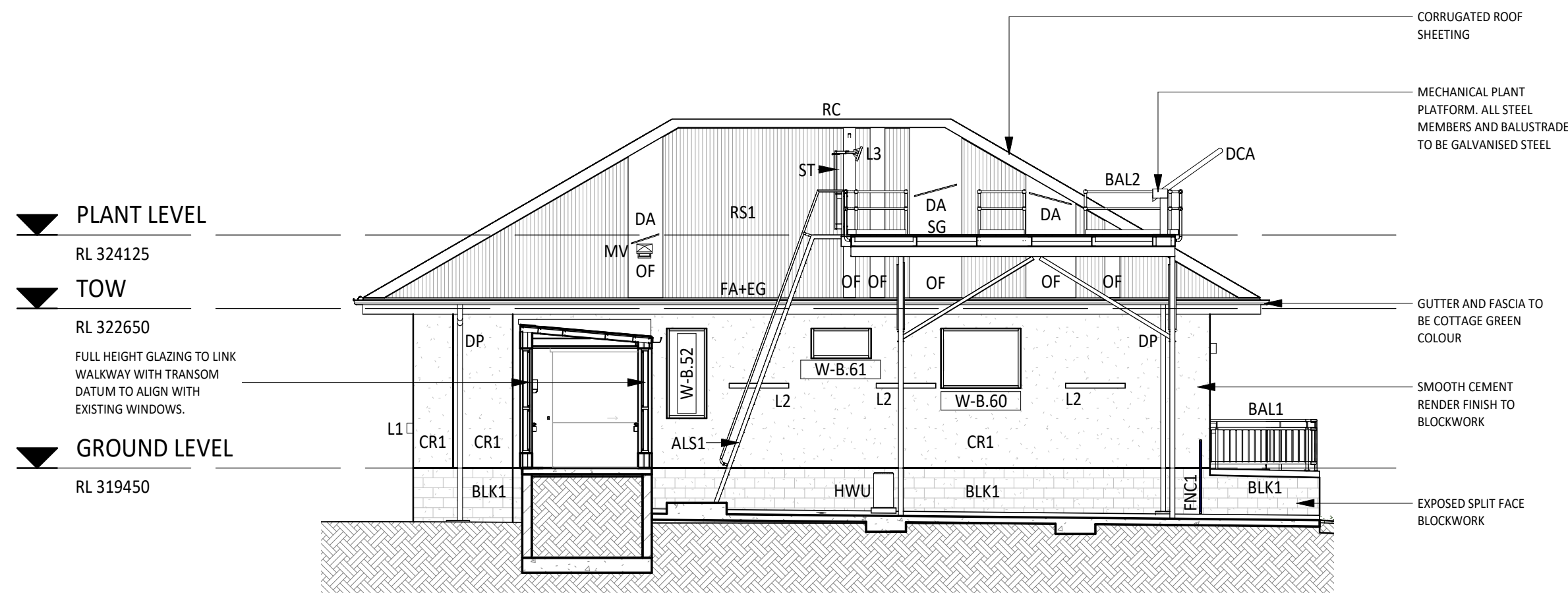
- INDICATES STATIC SAFETY LINE. FINAL LAYOUT TO BE DONE IN CONSULTATION WITH SPECIALIST SUPPLIER
- BULK INSULATION TYPE A - REFER TO WORK SCHEDULE AND DETAILS

1. ALL ROOF PENETRATIONS MUST HAVE PAN FLASHING / OVER FLASHING PROVIDED TO FULL LENGTH OF ROOF SHEET.

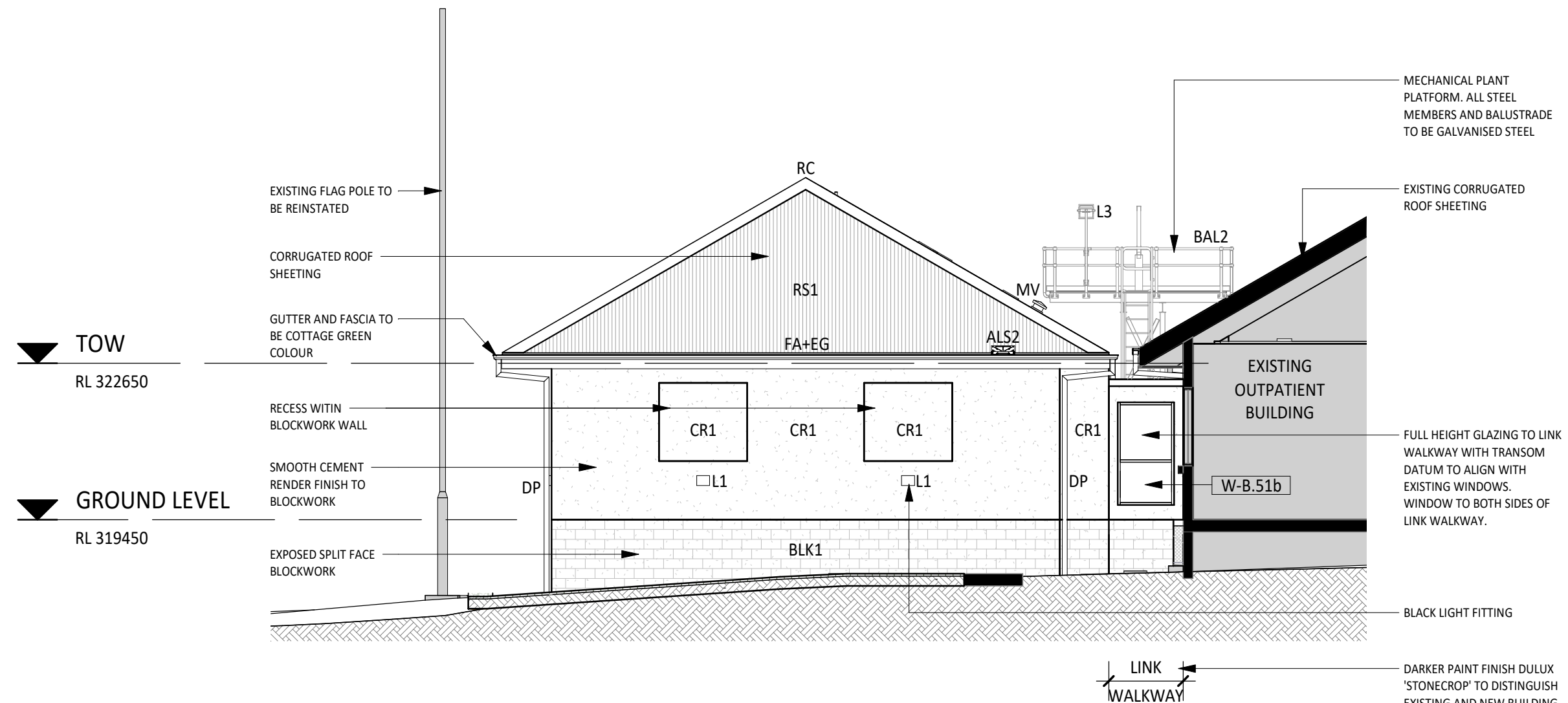
ROOF PLANS TO BE PRINTED IN COLOUR

FLOOR PLAN NOTES

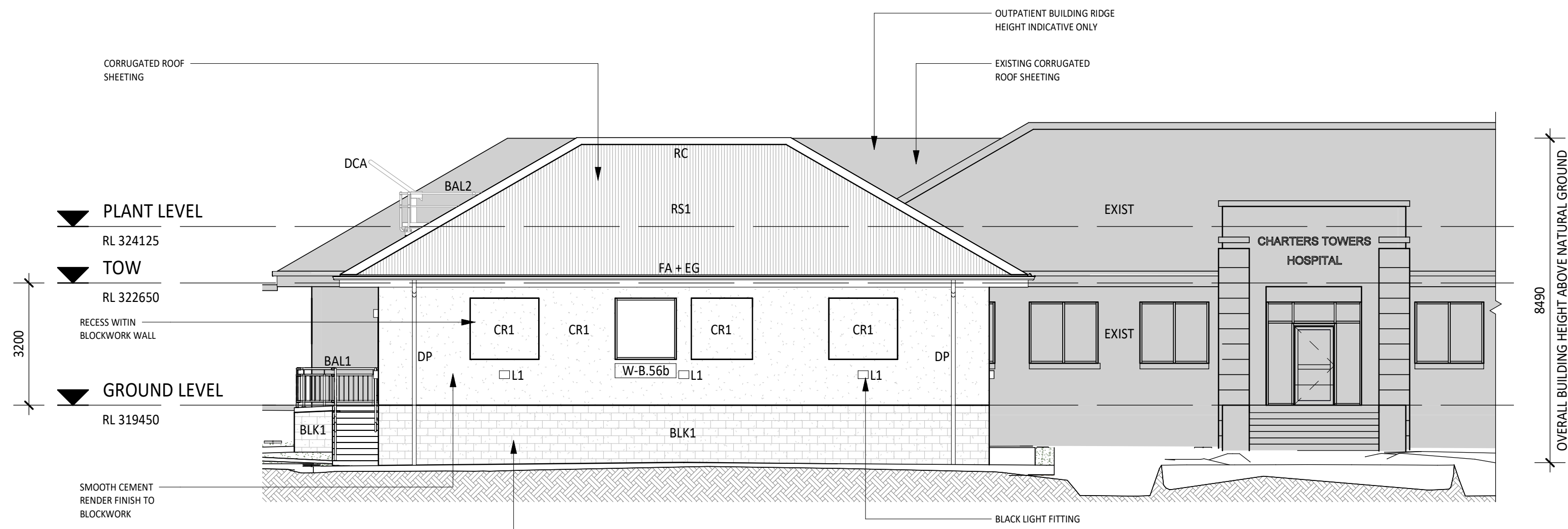
- THIS DRAWING TO BE READ IN CONJUNCTION WITH THE SPECIFICATION
- PROVIDE ALLOWANCE TO ADD SUPPORT TO WALLS FOR ALL WALL MOUNTED ITEMS, INCLUDING BUT NOT LIMITED TO HANDBASINS, HANDRAILS, SCREENS, PROJECTORS ETC.
- ALL PENETRATIONS THROUGH FIRE-RATED BUILDING ELEMENTS TO BE FIRE-STOPPED TO MAINTAIN THE LEVEL OF INTEGRITY OF THE HOST ELEMENT (I.E WALL, FLOOR, CEILING)
- REFER TO RADIATION SHIELDING DESIGN REPORTS (AS PREPARED BY TOWNSVILLE HOSPITAL HEALTH SERVICE) FOR RADIATION SHIELDING REQUIREMENTS.



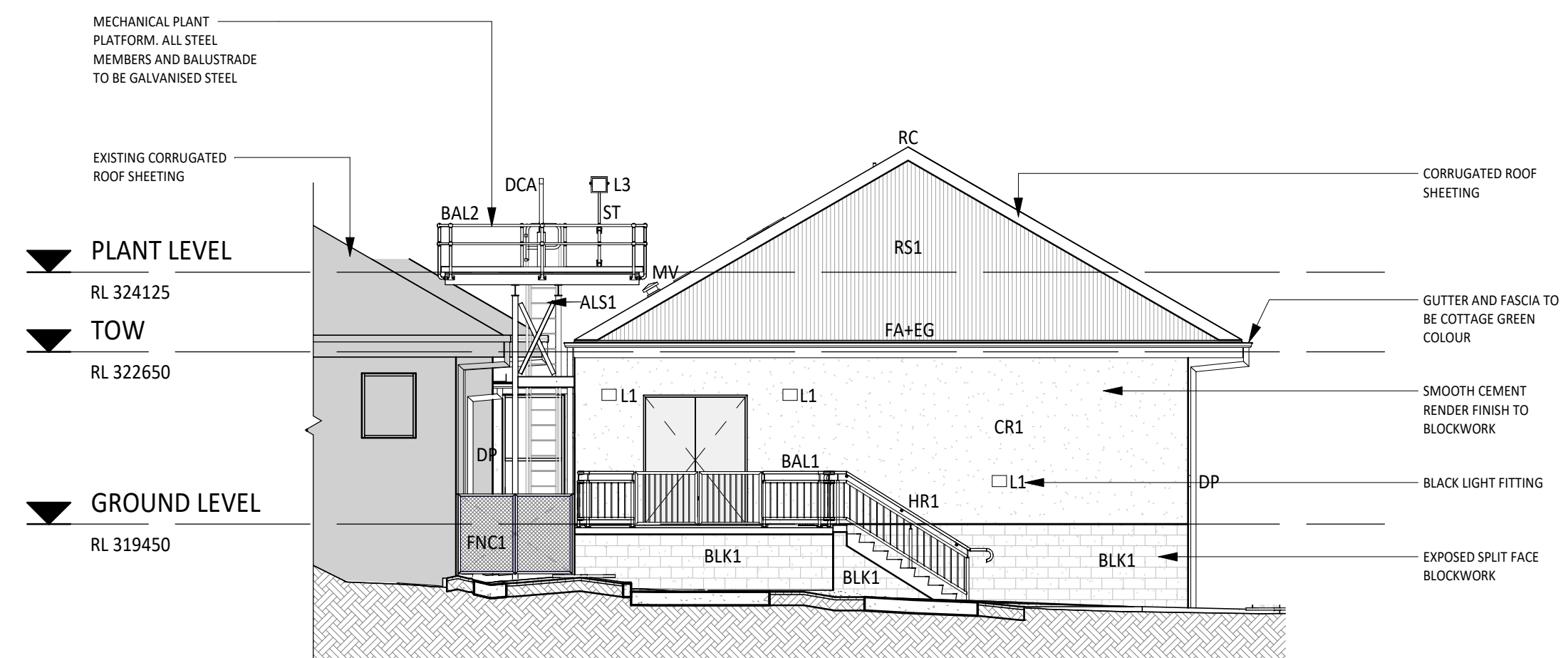
1 NORTH ELEVATION
FL-003 1 : 100



2 EAST ELEVATION
FL-005 1 : 100



3 SOUTH ELEVATION
FL-005 1 : 100



4 WEST ELEVATION
FL-003 1 : 100

EXTERNAL FINISHES

	COLORBOND CLASSIC CREAM <ul style="list-style-type: none">• ROOF SHEETING, FLASHINGS + DOWNPIPES (RS1, RC, OF + DP)• SMOOTH CEMENT RENDER PAINT FINISH TO BLOCKWORK (CR1)		POWDERCOAT DULUX WHITE <ul style="list-style-type: none">• DOOR AND WINDOW FRAMES		DULUX STONECROP <ul style="list-style-type: none">• PAINT FINISH TO LINK WALKWAY EXTERNAL WALLS
	COLORBOND COTTAGE GREEN <ul style="list-style-type: none">• FASCIA + EAVES GUTTER (FA + EG)		SPLIT FACE BLOCKWORK <ul style="list-style-type: none">• BLOCKWORK WALLS FROM GROUND-LEVEL TO BUILDING FLOOR LEVEL (BLK1)		GALVANISED STEEL <ul style="list-style-type: none">• ALL EXPOSED EXTERNAL STEEL MEMBERS (SC)• BALUSTRADES AND HANDRAILS (BAL1, BAL2 + HR)• CHAINWAIRE FENCING (FNC1)
	COLORBOND MANOR RED <ul style="list-style-type: none">• EXTERNAL DOOR LEAF COLOUR				

FINISHES LEGEND

	FINISH TAG - REFER TO BELOW
BLK1	SPLIT-FACE BLOCKWORK
CR1	CEMENT RENDER TYPE 1
ALS1	ACCESS LADDER SYSTEM TYPE 1
ALS2	ACCESS LADDER SYSTEM TYPE 2
BAL1	BALUSTRADE TYPE 1
BAL2	BALUSTRADE TYPE 2
BC	BARGE CAPPING
DA	DIVERTER ANGLE
DCA	DAVIT CRANE ARM
DP	DOWNPIPE - REFER HYDRAULIC DETAILS
EG	EAVES GUTTER - REFER HYDRAULIC DETAILS
FA	FASCIA
FNC1	FENCING TYPE 1
HWU	HOT WATER UNIT - REFER HYDRAULIC DETAILS
L1	LIGHT FIXTURE TYPE 1 - REFER ELECTRICAL DETAILS
L2	LIGHT FIXTURE TYPE 2 - REFER ELECTRICAL DETAILS
L3	LIGHT FIXTURE TYPE 3 - REFER ELECTRICAL DETAILS
MV	MECHANICAL VENT
OF	OVER FLASHING
RC	RIDGE CAPPING
RS1	ROOF SHEETING TYPE 1
SC	STRUCTURAL COLUMN - REFER STRUCTURAL DETAILS
SG	STEEL GRATING
ST	FLOODLIGHT STANCHION SYSTEM - REFER ELECTRICAL DETAILS

REFER TO ARCHITECTURAL SPECIFICATION
AND WORK SCHEDULE FOR DETAILS
PLANS TO BE PRINTED IN COLOUR

CHARTERS TOWERS HOSPITAL CT SCANNER PROJECT

137/139 GILL ST,
QUEENTON QLD 4820

BUILDING ELEVATIONS AND FINISHES

SCALE (at A1)
1 : 100

REVISIONS
0

DATE
01/05/25

DRAWING NO.
SK-03



CHARTERS TOWERS HOSPITAL

OUTPATIENT BUILDING

HERITAGE IMPACT ASSESSMENT

JUNE 2025



Australian Heritage Specialists Pty Ltd

Contact details are:

Benjamin Gall

Director

ABN: 51 605 153 419

Level 8, 231 North Quay, Brisbane Qld 4000

Tel: (07) 3221 0000

Email: projects@ahspecialists.com.au

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Front Cover: Charters Towers Outpatient Building (Google Earth Street View 2024)

Document Verification

Project	Charters Towers Hospital HIA
Project Number	25078
Document Title	CHARTERS TOWERS HOSPITAL CT Scanner HIA
File Location	Projects/25078 Charters Towers hospital review/Reporting/HIA
Client	Peddle Thorp Architects Townsville

Version History

Revision	Date	Nature of revision	Prepared by	Authorised by
00	25/06/2025	Draft for Issue	FT, JP, BG	LG
01	26/06/2025	Final for Issue	JP	BG



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1. Introduction

1.1 Background

Australian Heritage Specialists Pty Ltd (AHS) have been commissioned by Peddle Thorp Architects (on behalf of Qld Health) to prepare a revised Heritage Impact Assessment (HIA) for the proposed development of a new CT scanner building. The Charters Towers Hospital is listed on the Charters Towers Regional Council (CTRC) *Heritage Overlay* (2020).

The Charters Towers Hospital survives from a period of growth and prosperity in the 19th century, when Charters Towers was a wealthy mining city. While the hospital started as a collection of timber structures, a grand brick pavilion hospital was constructed in the 1880s, followed by morgues, operating theatres, and other structures. While the pavilion hospital has largely been enclosed and replaced within the main hospital complex, 19th century elements survive across the site, both as extant structures (morgue), and embedded within later developments (operating theatre). The site is also noted for its 20th century fabric, with a range of rare, unique, or important surviving structures including the Child Health Centre, Red Cross Rooms, Dispensaries, and mid-century Outpatient buildings, wards, and quarters.

Peddle Thorp, on behalf of Townsville Hospital and Health Service (THHS) who operate the Charters Towers Hospital, are seeking to develop a new CT Scanner structure for the site. The proposed CT scanner would be placed between the existing Outpatient Building (alternatively called Administration Building), and the Allied Health Building (formerly Child Health Centre or Baby Clinic). A covered extension to connect the new CT Scanner structure to the Outpatient Building is also proposed within the design.

A Heritage Impact Statement (HIA) was completed in May 2025 by Stewart Armstrong Heritage. This HIA formed part of the Development Application (DA) lodged to CTRC seeking a Development Permit for a Material Change of Use - Hospital Extension (CT Scanner Building). The HIA (Stewart Armstrong Heritage) was based on a 1996 Heritage Survey completed for Queensland Health, which did not consider the 1950s additions to the hospital (including the Main Hospital Building and the Outpatient Building) to hold significant heritage values.

CTRC have requested that the heritage values of the Charters Towers Hospital, particularly the Outpatient Building, be reviewed and updated. As such this HIA report has been developed in response to Council's Information Request (IR).

This HIA will consider the heritage qualities of the site and the potential impacts of the proposed works upon the heritage significance of the place (with particular focus upon the Outpatients Building) and includes mitigation and management measures. This report has been prepared in accordance with *The Burra Charter: the Australia ICOMOS Charter for Places of Cultural Significance 2013* (Burra Charter), *Charters Towers Regional Town Plan 2020*, and the *Queensland Heritage Act 1992* (QHA), among other relevant guidelines and best practice standards.

1.2 Study Area

The Study Area in which the works are proposed is located at 135 – 139 Gill Street, Charters Towers, within a large, fenced site. High Street, Mary Street and Boundary Street all bound the site to the east, north and west respectively.

Table 1: Study Area (AHS 2025)

Item	Description
Address	135-139 GILL STREET, CHARTERS TOWERS, QLD 4820
LGA	Charters Towers Regional Council



Item	Description
Heritage Status	Local Place (CTRC)
Property Description	Lot 1 SP273222



Figure 1: The Study Area for the Charters Towers Hospital (AHS:QGIS 2025).

1.3 Report Structure

The management of cultural heritage values in any site requires specialist care, attention, and consultation. THIS HIA therefore describes:

- What is significant about the place (Chapter 2).
- Description of the proposed works and why it is required (Chapter 3).
- Heritage Impact Assessment, including management measures (Chapter 4).

1.4 Existing Documents

The following reports have been utilised for the preparation of this report:

- Blake, T. Kennedy, M. Margaret, P. 1996. *Queensland Health Heritage Survey – Volume 2, Site Assessments (1996)*.
- Stewart Armstrong Heritage 2025. *Charters Towers Hospital New CT Scanner Building Heritage Impact Assessment*.
- Peddle Thorp Architecture 2025. *Charters Towers Hospital CT Scanner Project*.

1.5 Dates and Personnel

A visit to the Queensland State Archives was conducted by Finn Tobin (AHS Archaeologist) on the 18th of July. A draft of the report was completed by Finn Tobin and reviewed by Julia Prichard (AHS Senior Heritage Consultant, M. ICOMOS) in June 2025.

1.6 Glossary of Terms

Table 2: Glossary of Terms (AHS 2025).

Abbreviation	Definition
AHS	Australian Heritage Specialists
Burra Charter	The Australia ICOMOS Charter for Places of Cultural Significance 2013
CTRC	Charters Towers Regional Council (the local government body)
DA	Development Approval
DETSI	Department of Environment, Tourism, Science and Innovation
EC	Exemption Certificate
HIA	Heritage Impact Assessment
HIS	Heritage Impact Statement
LGA	Local Government Area
LHR	Local Heritage Register
QHA	Queensland Heritage Act 1992
QHR	Queensland Heritage Register
QHRP	Queensland Heritage Registered Place
CTRC	Charters Towers Regional Council
SoW	Scope of Works
THHS	Townsville Hospital Health Service

2. Review of Significance

2.1 Historical Background

The following is a brief Historical overview and is not intended to be a detailed History of the Charters Towers Hospital. The text has been summarised to provide relevant information for the management of the site's heritage significance and Council's request for further particulars.

2.1.1 Charters Towers Hospital

The rush to the site that would become Charters Towers began in December 1871 when gold was discovered at the foot of Towers Hill (CTRC 2019). The name 'Charters' was given to the Tower Hill site after the Mining Warden at the nearby Ravenswood goldfields, Mr. W.S.E.M Charters, and Charters Towers was proclaimed as a goldfield on 31 August 1872 (*Sydney Morning Herald* 2004).

As the township grew, the first calico and bark buildings gave way to more permanent, timber constructions. And in 1877 the township was officially gazetted and declared a municipality (Des Crump 2014). In December 1882, the Townsville railway line reached Charters Towers and in 1885 share brokers had formed themselves into a 'Mining Exchange' which allowed residents to speculate in mining stocks (Irving 1982: 112). In 1886, overseas investors, particularly from London, poured investments into the local mines, marking the start of a highly prosperous period for Charters Towers. Many of the old colonial timber structures were replaced by grand, rendered brick Victorian buildings during this time. By 1900 Charters Towers was a bustling northern city with its own Brewery, School of Arts, Hospital, Water Supply and various department stores (Des Crump, 10 March 2014).



Figure 2: Charters Towers, 1881-1890 (Fryer Library, University of Queensland;

This boom was not to last, and gold mining had peaked by the turn of the century. The city began a steady decline as World War I approached and in 1916 the Stock Exchange was closed. By 1918, houses and other buildings had been dismantled and removed to other regional centres such as Townsville and Charters Towers slowly transitioned into a rural centre for the districts pastoral and growing industries. Charters Towers is a major heritage centre and still retains much of its historical character from those prosperous years, particularly in the surviving structures along the Gill Street streetscape (Queensland Places, 2019).

2.1.2 The Charters Towers Hospital

Charters Towers was established during the gold rush of the 1870s and had grown to become one of the largest regional townships in Queensland by the 1890s. A provisional hospital existed during this early gold rush period (described as being a sapling and bark hut), though a new site was chosen along Gill Street in the late 1870s as a townscape began to develop (*Queenslander* 1873: 10; *Northern Mining Register* 1891: 39). Timber buildings were constructed at the new hospital site, including the Williams Ward, named for a local miner (*Northern Mining Register* 1891: 39).



Figure 3: The 1880s Charters Towers Hospital, pictured in the early 1900s prior to being demolished (SLQ Thomas A. H. collection).

In 1884-1885, the timber hospital was rebuilt as a large, double storey, masonry hospital building, using plans provided by the Colonial Architect G.P. Connolly. A new fever ward and a doctor's residence soon followed, and smaller constructions, including a laundry, morgue, surgeons quarters and an enclosing iron fence had been completed by 1891 (*Northern Mining Register* 1891: 39). Over the next decade, the Charters Towers Hospital site would continue to expand, with a nurses' quarters and children's ward constructed in 1898. An operating theatre, dispensary and tuberculosis tent were erected in the early 1900s and in 1902, the Charters Towers hospital was one of the first in Queensland to install X-ray equipment (*North Queensland Register* 1902: 48; *Evening Telegraph* 1918: 2).



Figure 4: The entrance to the Charters Towers Hospital complex, with the children's clinic seen right. (SLQ Gibson Collection).

During the 1920s, new buildings on the site included a new tent or open-air ward (1923), extensions to the operating theatre (1923), male staff quarters (1925), medical officer's quarters (1926) and baby clinic (1927) (contemporary Allied Health Building).

During World War Two, nurses from the Australian Army Medical Women's Service were posted at the Charters Tower hospital, attached to the 116 Australia General Hospital (AGH), which had a base at the town racecourse (CTRC 2021: 285). It is possible that extra accommodations were constructed at the hospital site to provide for the influx of women from the AAMWS service (Australian War Memorial).



Figure 5: Charters Towers, Qld. c. 1944. Women from the 4th Australian Hospital Mobile Laundry, Australian Army Medical Women's Service (AAMWS) (Australian War Memorial).

A major redevelopment of the site, extending over a ten-year period, commenced in the late 1940s, including a new nurses' quarters, laundry, boiler house and medical superintendent's residence.

The old masonry 1855 pavilion style hospital was drastically renovated - the verandahs were enclosed with masonry and major extensions were constructed around the building, including a brand-new administration and outpatient building to the south of the main hospital, attached by a covered walkway (see figure 6). These works were completed in 1952.

Plans to establish a psychiatric institution at Charters Towers began to formulate in 1941, as returning soldiers began to increase the burden on the State hospital at Goodna (*Warwick Daily News* 1941: 1). These seem to have been put on hold until the conclusion of the war, and in 1947 designs began to be prepared by the Department for Public Works (*Sunday Mail* 1947: 3).

2.1.3 Historic Timeline

The following timeline includes key dates relevant to the Charters Towers Hospital:

Table 3: Historic timeline of the Charters Towers Hospital (AHS 2025).

Date	Event
1870	The first frontier hospital is established at Charters Towers Goldfield.
1873	The hospital is moved to its current site.
1885	A new brick pavilion style hospital is opened.
1885	The first morgue is built on the site.
1880-1891	New wards and outbuildings built across the site.
1898	New structures built, including nurses quarters and children's ward.
1899	Operating theatre built alongside the main hospital.
1902	X-ray equipment installed – marking Charters Towers one of the first hospitals in Queensland to adopt this new technology.
1904	A new brick-built morgue is constructed. A dispensary was also built to the rear of the main hospital.
1920s	Workshop, DON's residence, maternity block, Red Cross rooms and child health centre built across the site.
1952	A new staff quarters, hospital and administration/outpatient building constructed as part of a major renovation and overhaul of the hospital. Some elements of the 1885 hospital were reused or retained within the new hospital block.
1950s	New laundry, boiler rooms and superintendents residence completed.
1970-80s	Further development and upgrades to the place generally, including a demolition of the Workshop and construction of the new residence.
1996	Queensland Health Heritage Survey Undertaken, including site assessments of Charters Towers Hospital for State heritage values.

2.1.4 Aerial Imagery

Aerial imagery provides an overview of how the site may have changed and been impacted across the 20th and 21st centuries, and can be used to corroborate evidence from textual, artistic and photographic evidence.

The first aerial of the Charters Towers Hospital site was taken in 1960, which is relatively late for regional Queensland aerial photography. The aerial shows the newly constructed staff quarters to the west of the site, along with the outpatient building to the south and new hospital in a central position. The landscaping around the outpatient building includes the access path with circular garden bed.

By 1965 some new structures have been constructed to the northeast and northwest of the site, and the laundry block has been extended. Minimal changes occurred in 1973, and by 1988 a new residence had been constructed in the northwestern corner of the site.

Please see over for aerial imagery.



Figure 8: 1960 aerial showing the Charters Towers Hospital (QImagery 2025)



Figure 9: 1965 aerial showing the Charters Towers Hospital (QImagery 2025)



Figure 10: 1973 aerial showing the Charters Towers Hospital (QImagery 2025)



Figure 11: 1988 aerial showing the Charters Towers Hospital (QImagery 2025)

2.2 Physical Description

2.2.1 The Charters Towers Hospital Site

The Charters Towers Hospital is on a square lot bounded by Gill Street to the south, Boundary Street to the east, Mary Street to the north, and High Street to the west. The southern boundary of the site retains a 19th century iron rail fence, which has been adapted with rendered concrete plinths in the 1950s. The eastern, northern and western sides of the hospital are bounded by contemporary chain-link fencing and concrete driveways. There are also QHR listed brick drainage along Mary Street.

The landscaping around the hospital is largely contemporary, however, there is an intact 1950s garden to the south of the site, in front of the outpatient building. A garden bed with Cyprus pines, jacarandas and palms sits to the east of the outpatient building, and a central concrete path, bordered by a cut stone wall, leads to the front of the outpatient building. A circular garden bed is set in the middle of this pathway, and grass lawns bound the path east and west. Driveways enter the site at the southwest and southeastern corners and retain the 19th century layout of the access road – they have been connected to the main road via concrete bridges, which sit atop the early drain (QHR).



Figure 12: View of the Outpatient Building from Gill Street (Google Earth Street View 2024).



Figure 13: View of the southeastern access gate and heritage kerbing. (Google Earth Street View 2024).

2.2.2 The Child Health Centre

The Child Health Centre (1927) is a rectangular structure built of reinforced concrete with a rough cast finish. The front (southern) elevation has a distinctive colonnaded patio with four Tuscan columns capped by a moulded architrave. The front door is set below a fanlight, and two narrow, six light windows flank the entrance. The eastern and western elevation have the same sash casement windows set beneath fanlights; however, the fanlights have been enclosed with contemporary sheeting for ventilation services. The Child Health Centre is capped by a terracotta tiled hipped roof with a central fleche for ventilation. A small extension has been added to the rear, dating to the late 1960s or early 1970s.



Figure 14: The Child Health Centre, viewed from Gill Street. (Google Earth Street View 2024).



Figure 15: The Child Health Centre, viewed from Gill Street. (SLQ, Gibbison Collection 1930).



Figure 16: Eastern elevation, Child Health Centre, viewed from Gill Street (Google Earth Street View 2024).

2.2.3 The Outpatient Building

The outpatient building, formerly the hospital administration (1952), is a large, rectangular, single storey public structure built in a functionalist mid-century style. It is constructed of rendered masonry, with a hipped corrugate steel roof. A large portico dominates the front (southern) elevation of the Outpatient building and typifies mid-century styling prevalent to public structures of the period. Four ashlar rendered pilasters support a pediment with the embossed hospital across the pediment.

Rows of double light sash windows run along the facades of the building, and triple line weep vents also encircle the base of the structure. A small alcove and staircase provides access to the dental clinic in the eastern side of the building.



Figure 17: The Outpatient Building, as seen through the main entrance gates to the hospital site. (Townsville Bulletin 2018).



Figure 18: The Outpatient Building soon after construction (SLQ collections 1959).



Figure 19: The western side of the Outpatient Building, viewed from Gill Street, with the Allied Health Building visible to the left (Google Earth Street View 2024).

2.3 Significance of the Place

The Charters Towers Regional Hospital is cited as a local heritage place on the *Charters Towers Regional Town Plan* (2020). According to 2020 State Government Guidelines, if a proposed place satisfies one or more of the given heritage criteria, it is eligible for inclusion in a local Heritage Overlay. These criteria are listed in the following table (Table 4):

Table 4: Statement of Significance (CTRC 2020).


Criterion for entry onto Local Heritage Registers (Local significance)	
A. Historical	The place is important in demonstrating the evolution or pattern of the city's or local area's History.
B. Rarity	The place demonstrates rare, uncommon or endangered aspects of the city's or local area's cultural heritage.
C. Scientific	The place has the potential to provide information that will contribute to the knowledge and understanding of the city's or local area's History.
D. Representativeness	The place is important in demonstrating the principal characteristics of a particular class or classes of cultural places.
E. Aesthetic	The place is important because of its aesthetic significance.
F. Technical	The place is important in demonstrating a high degree of creative or technological achievement at a particular period.
G. Social	The place has a strong or special association with the life or work of a particular community or cultural group for social, cultural or spiritual reasons.
H. Historical Association	The Place has a special association with the life or work of a particular person, group or organisation of importance in the city's or local area's History.



2.3.1 Comparative Analysis

The following comparative analysis has been undertaken to place the Charters Towers Hospital within its broader heritage context. The comparative analysis used the following markers for comparison:

- Examples of functionalist, mid-century design among heritage listed hospitals
- Heritage listed buildings within hospital complexes dating to the 1950s
- Surviving examples of administrative buildings and gated entrances

Table 5: Comparative Analysis of historic Queensland Hospitals (AHS, 2025)

Register ID	Place	Comparisons / Associations
QHR 602794	<p>Mossman General Hospital</p> 	<ul style="list-style-type: none"> • State Listed. • Constructed across the 1930s-1940s. • A fine example of Spanish mission style, this Hospital is not generally analogous to the 1950s Charters Towers Hospital structures. However, important in the listing of this heritage place is the association of early 20th century buildings in-situ, including elements like the operating theatre, staff quarters and maternity ward. Furthermore, as an example of an enclosed pavilion plan hospital, it is rare as a surviving example of hospital design philosophy from the first four decades of the 20th century – a feature shared with the Charters Towers Hospital.

Brisbane City Council Local Heritage Register (LHR)	<p>Mater Misericordiae Hospital</p> 	<ul style="list-style-type: none"> • Locally listed. • Includes post-war periods of development (1945-1960). • 1960-1999 period also considered within citation as having heritage values. • Kelly Building (1956) listed for features including parquetry and terrazzo floors, silky oak joinery, brick functionalist design. Considered to be a highly significant building within the listing.
Bundaberg Regional Council LHR	<p>Bundaberg Hospital Complex</p> 	<ul style="list-style-type: none"> • Locally listed regional hospital. • Complex includes a variety of structures, such as iron fence (1914), Breast Screen Clinic (1995 incorporating features of earlier structure), F- Block and Main Block (1960s) with modernist, minimalist architecture. • Demonstrates how a variety of distinctive structural features, built over a long span of time, are interlinked within the wider story of the Hospital.

In comparison with the above examples, the 1950s features of Charters Towers Hospital complex appear likely to threshold at a local level. While other regional hospitals, such as Innisfail, include 1950s buildings (nurses ward), these are isolated within hospital sites that have been mostly redeveloped, and are therefore not entered on a local heritage register.

When compared with other listings for hospitals on local heritage register (incl., overlays and schedules), Charters Towers Hospital shares a comparative pattern of development thematically, whereby the places generally recognised for their heritage values have evolved from a 19th century pavilion hospital to open air wards, with functionalist architecture becoming a predominant feature by the 1950s.

As these art-deco and mid-century design elements have been deemed to be of heritage significant for other hospitals, it is likely that the Outpatient building and main hospital block would therefore threshold at a local heritage level, alongside other structures on the site (Staff quarters, maternity ward, etc.).

2.3.2 Review of Significance

As identified by CTIRC, the Queensland Health Heritage Study (1996) reflect a State-level perspective on heritage buildings within the Charters Towers Hospital complex and did not necessarily assess the site against local heritage significance thresholds. Cultural significance can change over time with the emergence of new information and perspectives. Therefore, this section provides a review of the Outpatient Building, as well as the hospital site more broadly.

In 2020, the State government released updated guidelines for assessing places of local heritage significance in Queensland, with five (5) criteria outlined for local heritage places (*Guideline: Identifying and Assessing Places of Local Cultural Heritage Significance in Queensland (2020)*):

Please see over.

Table 6: Criterion for entry onto a local heritage register (QLD Government 2020).

Criterion for entry onto a local heritage register	
1. Historical	The place makes a significant contribution to our understanding of local history.
2. Scientific	The place has potential to yield information that may make a significant contribution to our understanding of local history.
3. Typological	The place demonstrates the key characteristics of a type or class of place that makes a significant contribution to our understanding of local history.
4. Aesthetic	The place has aesthetic qualities that contribute to its cultural heritage significance.
5. Spiritual	The place has strong or special association with a local community or local cultural group, for social, cultural, or spiritual reasons.

The following is a review of current buildings and structures within the hospital complex, completed from a desktop assessment only.



Figure 20: Heritage Map for the Charters Towers Hospital Site (AHS: QGIS 2025).

Previously identified significant structures (**GREEN**)

Five (5) structures were identified within the QHHS as holding heritage significance, including:

- The store (former morgue) dating to 1885. Considered a rare surviving example of a 19th century hospital ancillary building.
- The operating theatre (1899 – alterations in 1923), enclosed within extensions of the main hospital building. A very early example of a Queensland operating theatre, and one of few examples to have survived somewhat intact.
- Morgue (1904). Shows continuity and change from the earlier morgue (1885) and are valuable heritage assets surviving together in-situ.

- Child Health Centre (1927). Constructed following the *Maternity Act 1922*. Uniquely built alongside existing hospital, and substantially intact.
- Iron fence and gates (1880s). (See Appendix A).
- Guttering and Curbs [*State Listed Adjoining – Not pictured*] (19th century).

Structures of heritage interest (BLUE)

The following structures and elements were not considered to hold heritage significance within the QHHS (1996). They are considered here within their historical context, and against current heritage practice to determine if they may hold local heritage value. The following structures have been determined to hold ‘heritage interest’ and are likely to threshold for local heritage listing.

- Staff Dining Room (dispensary) (1904 – extended in the 1950s). While the QHHS determined that the 1950s extension to the building and the changes to the main hospital block diminished the integrity of the Staff Dining Room, the retention of a significant portion of the structures early (1904) fabric would likely threshold under criterion 3 (typological) or criterion 1 (historical), as it demonstrates a significant phase of local history and maintains an early link to the lifestyle and practice of staff who managed and worked at the Charters Towers hospital in the early 20th century.
- Director of Nursing’s (DON) residence (Exact date unclear, 1925 suggested). The timber cottage is typical of the 1920s, with enclosed verandahs (subsequent additions). Possibly a department of public works designed structure, this residence would be likely to threshold at a local level as an example of an early public residence under criterion 3 (typological), or for its significance within the local community through its connection to an important local character (the DON) who oversaw a large portion of the Hospital’s staff (criterion 5, spiritual).
- Former Maternity Block (1925, large alterations in 1938 and 1950s). Erected as part of the *Maternity Act 1922*, this was not considered heritage significant due to the scale of the alterations (enclosed verandahs, extensions for new nursery, etc.), as other intact 1920s maternity wards survived intact within Queensland. However, the early date of this structure, and its connection to innovative medical practice through the *Maternity Act 1922*, as well as being an important building for women within the local community would likely threshold under criterion 1 and 5 (historical and spiritual).
- Red Cross Rooms (1927). These auxiliary rooms served as medical officers’ quarter. While the QHHS argues that the enclosure of the verandahs with FC sheeting, and the simplicity of the cottage negates their heritage values (at a state level), they would likely threshold under contemporary local criteria 1 (historical, 3 (typological) and 5 (spiritual).
- Staff Quarters (1952). Not considered significant in the QHHS for lacking any notable innovations or exceptional design. The incorporation of some elements of the earlier staff quarters within this building may provide it with some level of continuity from early accommodation practices at the hospital.
- Main Block (central hospital – 1855/1952). This redesign of the site enclosed and incorporated the earlier 1885 main hospital and pavilion wards. It represents a changing design approach to public hospitals, through the use of mid-century, functionalist design. Refurbished in the 1980s, it is unclear to what extent 19th century material survives within the building, though the structure may threshold under criterion 1 (historical), 2 (scientific), or 3 (typological).
- Outpatient Building (Administration, 1952). Constructed as part of the 1940s and 1950s redevelopment of the site, this building does not appear to contain earlier fabric. It presents a mid-century masonry façade, and may threshold under criterion 1 (historical), 2 (scientific), or 3 (typological), which will be discussed further in the following section.

Structures unlikely to hold heritage significance

- The boiler room and laundry (1950s). This is a simple brick block erected for laundry and other ancillary uses. It is not incorporated within the main hospital complex and sits on the northern end of the site.
- Medical Superintendent's Residence (1956). This building is a standard post-war brick cottage and does not appear to hold any connection with the earlier Superintendents Residence (1880s).
- Grounds (1885-2025). The setting of the hospital has been altered drastically, and there appears to be few plantings or garden features pre-dating the 1950s.
- Later additions to the site and grounds (covered carparking, helipad, new structures (post 1960, walkways, extensions, contemporary refits) may attach to heritage structures, though are not considered to be significant features of the hospital's history, adaption and evolution through time.

2.3.3 Significance Conclusions

According to the results of this desktop review, we find that:

1. The overall Charters Towers Hospital complex is a locally listed heritage site, with a well-established history within the local community.
2. While individual structures within the complex are considered to hold a higher degree of heritage significance, many of the buildings and features across the site hold a level of local heritage significance.
3. A fabric assessment and updated heritage listing of the entire site on CTCR's planning scheme is key to avoid future impacts to heritage features, and to resolve confusion within the current listing.
4. For the purpose of this project, the Outpatient's Building (formerly administration) has been reviewed and is considered to threshold for local heritage significance. A comparison with similar mid-century structures in other heritage listed Queensland hospitals demonstrates that 1950s structural features are generally considered to be important fabric within local listings.

2.3.4 Hierarchy of Significant Elements

The buildings found across the Charters Towers Hospital site are each comprised of a number of discrete elements within the overall hospital complex. Not all elements of a heritage place will contribute equally to its cultural heritage significance.

Unique structural and decorative components of a building make a different relative contribution to the character and history of a place. These elements are graded with levels of significance according to the extent in which they demonstrate and contribute to the significance of the place. Best practice initiatives to assess relative levels of significance generally operate under a tiered system for heritage places. The hierarchy of significant elements is guided by the following criteria:

Table 7: Criteria for hierarchy of significance (AHS 2025).

Grading	Description
Exceptional	Rare or outstanding element, exhibiting a high degree of intactness or other such quality(s) and is interpretable to a high degree, although alteration or degradation may be evident.
High	Featuring a high degree of original or early fabric or demonstrative of a key part of the place's significance, with a degree of alteration which does not unduly detract from that significance.
Moderate	Altered or modified elements. Elements with some heritage value which contribute to the overall significance of the place.

Grading	Description
Low	Difficult or unable to be interpreted, not an important function, subject to high alteration, potentially detracting from the significance of the place.
None	The element does not contribute to or detract from the significance of the place.
Intrusive	Damaging the site's overall significance, an aspect of the site's significance or significant fabric.

Individual areas of heritage significance around the Outpatient Building, Child Health Centre and vicinity are described and graded in the following table (Table 7). Please see over page.

Table 8: Hierarchy of Significant Elements – Charters Towers Hospital (AHS 2025).

Location	Area	Element	Grading	Comments
<u>Grounds and setting</u>	Adjoining curb and guttering	QHR listed brick drains	Exceptional	The drains and curbs that adjoin the hospital site from three directions (north, west and south) are state listed heritage features.
	Boundary Fence	Iron Railing	High	The wrought iron fence and low wall it stands upon dates back to the 1880s and is a surviving early element of the hospital site.
		Rendered plinths and gate	Moderate	The concrete rendered plinths and iron gate at the boundary of the hospital site provide access to the Allied Health Building and Outpatient Building, these gates are ornate additions with mid-century fluted styling, though are not extant in early photography until after 1959.
	Grounds	Garden bed, and path	Moderate	The circular garden bed and central path (leading to the Outpatient Building) presents a mid-century landscape and styling, retaining the setting of an important public building.
		Lawn, flagpole and plantings	Low	While some of the plantings may pertain to the 1950s gardens, most appear to be later additions to the grounds. The pines and palms appear to be 1950s additions. The lawn retains part of the intended setting for the Outpatient Building.
		Driveway	Low	The bitumen driveways retain the position and layout of the earlier gravel driveways seen in 19 th century photography of the hospital, though retain no other heritage fabric and are of limited heritage significance.
<u>Allied Health Building exterior</u>	Patio	Columns	High	The Tuscan columns are ornate features that demonstrate the Italianate styles popular in the 1920s.
		Stairs	Moderate	The entrance stairs appear to be original to the building, providing access via Gill Street.
		Door and Architrave	Moderate	The architrave and fanlights appear to be original. The door may be an early feature.
	General	Fleche	High	The fleche is both a decorative element being a striking addition to the roofline, as well as an example of early ventilation and cooling methods used for Department of Public Works structures through the early part of the 20 th century.
		Tiled roof	High	The terracotta tiled roof stands in contrast to the often corrugated iron regional buildings. Italianate styling is a distinctive feature of the early 20th century.
		Rendered walls	High	The rendered walls are part of the Italianate style and are an early feature.
		Windows	Moderate	The windows have survived intact on the southern (front) elevation, though have lost their fanlights on the easter and western ends of the structure.

Location	Area	Element	Grading	Comments
<u>Allied Health Building (cont.)</u>	General (cont.)	Rear additions	None	The rear extensions are late additions to the building and hold no heritage significance.
	Views	Views to the elevations of the Allied Health Building	High	The viewsheds from Gill street towards the Allied Health Building are of high significance.
<u>Outpatient Building</u>	Portico	Pilasters and freize	High	The large pilasters and frieze present a prominent entrance to the Outpatient Building, which continues to serve as the main entrance to the Charters Towers Hospital. They typify mid-century art-deco aesthetics. This element signifies the centre of the symmetrical façade that aligns with landscaping pathways and features.
		Glass Doors and Architrave	Moderate	These glass doors with the 6 light architrave and fanlight are typical of moderne styling from the mid-century.
	Dental Hospital	All elements	Moderate	The dental hospital is an extension to the Outpatient Building, constructed immediately after the main building was completed. It carries all the same design features and elements as the core of the Outpatient building.
	General	Windows	Moderate	Large, double light sash windows appear to surround the buildings facades. Some of the windows have been enclosed for services.
		Roof	Moderate	The roof is a corrugated iron hipped element, in the same style as the original roofing for the structure.
		Rendered walls	Low	The rendered masonry (brickwork) walls are a functionalist design feature of the structure. They carry minimal decorative elements, with the exception of art-deco weep vents along the base.
	Views	Views from south (Gill Street and grounds)	High	The viewsheds from Gill Street towards the Outpatient Building are of high significance.

2.3.5 Significant Views

The Allied Health Building and the Outpatient Building were both constructed in prominent positions at the front (southern) end of the hospital site. They were designed as public buildings with fashionable front facades and placed within a presentable and neat landscaped setting. Views from Gill Street were somewhat obstructed by the planting of trees on the southeastern corner of the site, however, the main gardens and lawn, and the front portico and wings of the Outpatient building are clearly visible in a prominent position from most of the southern elevations. Figure 21 below outlines the directions of these viewsheds.

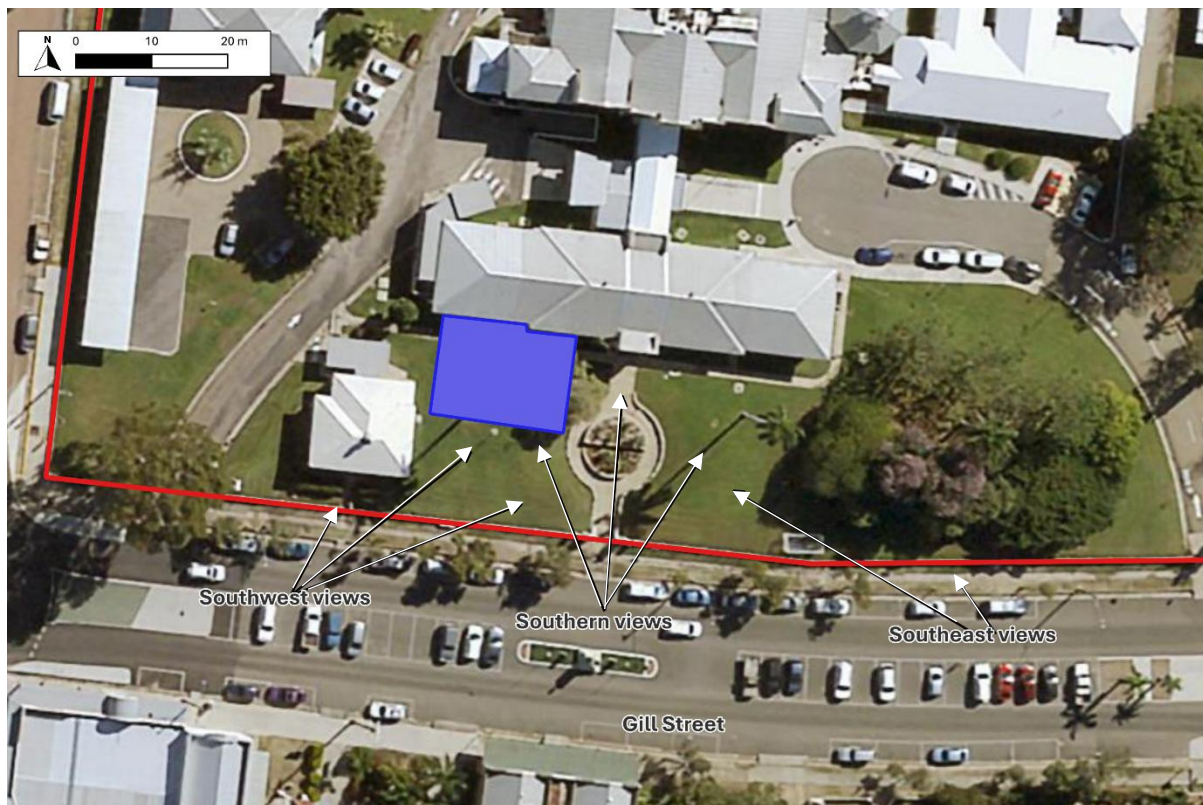


Figure 21: Viewsheds of the Outpatient Building (AHS: QGIS 2025).

3. Project Description

3.1 Proposed Works

The proposed development includes the construction of a new CT Scanner Building as an extension to the existing Outpatient Building. It is a rectangular building with a hipped corrugated steel roof and rendered masonry walls. The proposal includes a cut through of a window and wall section on the southwestern side of the Outpatient Building for a covered walkway to connect the new structure to the main hospital complex. An exit will also be constructed to the western side of the new CT Scanner Building. Plant will be placed to the rear of the CT Scanner Building, concealing it from views from the south.

The following list provides a general list of proposed works, with full documentation and Scope of Works available in Appendix B:

Demolition

- Small section of rendered external wall and window to be removed from Outpatient Building to provide access in between the Outpatients Building and new CT Scanner Building

Proposed

- New single storey extension to south of Outpatient Building.
- Connective walkway between Outpatient Building and proposed extension.
- Plant to rear (north) of new CT Scanner Building's roof

Please see over for proposed site plan and Appendix B for full documentation.

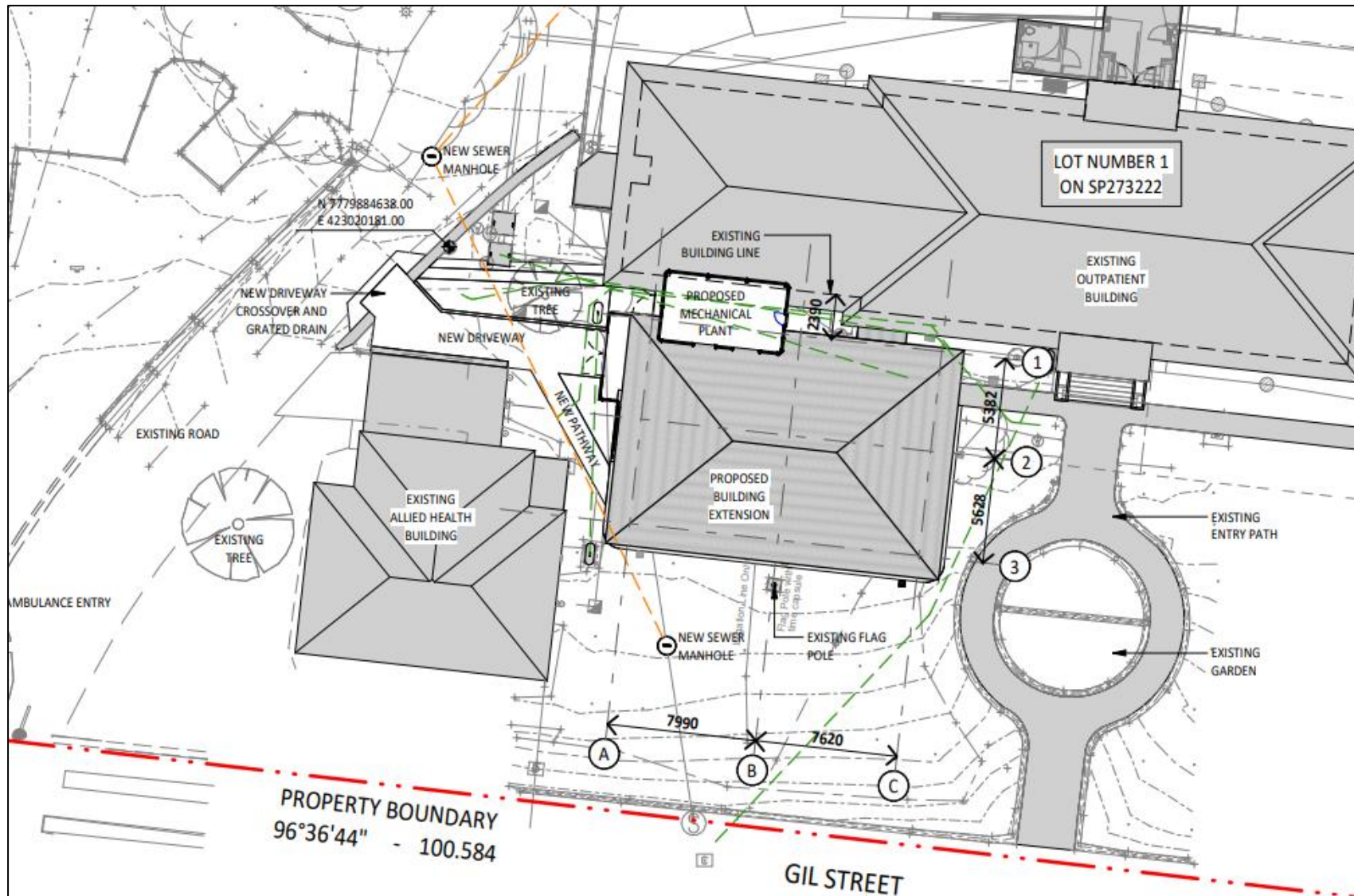


Figure 22: Plans for proposed new CT Scanner Building (Peddle Thorp 2025).

3.1.1 Options Analysis

The HIA report previously developed by Stewart Armstrong Heritage (2025 (Appendix C) provides relevant information pertaining to the project's development and consideration of options for the project. The following information has been reviewed and is considered relevant to this assessment (see pages 21-24 of the Stewart Armstrong Heritage HIA report for further information):

Options for locating the CT Scanner Building to the north and north-west of the Main Hospital Inpatients Building were investigated by the project team but were discarded because of separation of the CT Scanner from the medical imaging and emergency departments located in the Outpatients Building would cause substantial impacts to staff and patient flows, particularly in emergencies. The advice from the medical staff of the Hospital was that the proposed location adjoining the south-west end of the Outpatient Building is the only operationally appropriate location.

During earlier design phases, alternate layouts and locations were investigated in response to the following site conditions:

- *Connection to the existing Outpatient Building (noting the plaster room, pathology, store and casualty room could not be impacted during construction as this would affect the existing services of the Hospital).*
- *Connection to the existing medical imaging department located at the western end of the Outpatient Building.*
- *Connection to existing emergency department in the Outpatient Building, particularly the need for rapid services for emergency patients.*
- *Minimising impacts on emergency vehicle access to the emergency department.*
- *The symmetry and aspect of the main entry of the Hospital from the entry gate to the entrance to the Outpatient Building.*
- *Location of the adjacent Allied Health Building which is a local heritage building.*
- *Fire rating impacts in accordance with the National Construction Code (NCC).*
- *The existing fall of the ground from the south side of the Outpatient Building towards Gill Street*
- *Impacts of the new building's orientation, parallel or perpendicular to the Outpatient Building.*
- *Maintaining as much green open space as possible in between the front of the Outpatient Building and Gill Street.*

Currently, the Hospital's medical imaging and emergency service departments operate within the Outpatient Building. The existing medical imaging department is currently located at the western end of the Outpatient Building.

Initial options considered in 2018 were to the north and north-west of the Main Hospital Inpatients Building. While these locations had space for the new building, they were substantially separated from the Outpatient Building where the medical imaging and emergency service departments are located and were therefore discarded as options.

Locating the CT Scanner Building as a standalone building elsewhere on the site would have resulted in disconnected patient and staff movements across the site affecting current operations and impacting critical patient care.

Co-locating the proposed CT Scanner room within the medical imaging department in the Outpatient Building means these flows can be maintained, which are particularly important during emergencies.

Further location options were investigated to the north and west of the Outpatient Building. These options were discarded as they substantially compromised emergency vehicle access to the emergency department and affected the functionality and operation of the Hospital.

The decision was then made to locate the proposed CT Scanner Building as an extension to the south-west end of the existing Outpatient Building to provide CT Scanner and x-ray imaging services. This location is adjacent to the medical imaging and emergency departments and results in the consolidation of existing patient, staff and equipment flows.

Once the current location at the south-west end of the Outpatients Building was decided, options for the orientation of the new CT Scanner Building were investigated (refer Images 30, 31, 32). These 'L' shaped options were then discarded in favour of the current rectangular option. The current option reduces the impact on views to the east elevation of the Allied Health Building and has less impact on the turfed open space to the south-west of the entrance to the Outpatient Building.

In addition to the above, the DA Planning Report (Milford Planning 2025) provides the below:

To further justify the location of the building, Townsville Hospital and Health Service have provided a Clinical Design Note. The Clinical Design Note reinforces that the location of the proposed CT Scanner Building as being the most appropriate and clinically safe option due to the following key reasons:

- *efficiency of patient movement;*
- *optimised use of limited staff resources;*
- *patient safety;*
- *alignment with the current Model of Care;*
- *integrated medical imaging functionality; and*
- *after hours emergency support.*

3.1.2 Design Considerations





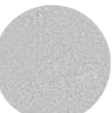

The character and finishes of the CT Scanner Building have been designed to reflect the Outpatients Building, as an extension to that building, to differentiate it from the significant Allied Health Building. The Outpatients Building has a symmetrical facade with an accentuated entrance centred on the front gates. The proposed development is located to avoid impacts on the entrance pathway or gardens.

The proposed development is largely reversible so that if the hospital use of this place were to change in the future, the new building could be removed and the new opening to the Outpatient Building repaired so that the building site is returned to a previous state.

Furthermore, the use of contemporary materials and detailing to be legible as a building of its time and not copying historical details.

Please see over.

Table 9: Design Considerations (Stewart Armstrong Heritage 2025).

Element	Design Consideration	Finishes
Roof pitch and materials, gutter height	The roof materials and gutters are to match the adjoining Outpatient Building. The roof pitch is similar to the Outpatient Building. The Allied Health Building has a tiled roof which was originally terra cotta but has been painted to match other buildings of the Hospital precinct.	 <p>COLORBOND CLASSIC CREAM</p> <ul style="list-style-type: none"> • ROOF SHEETING, FLASHINGS + DOWNPIPES (RS1, RC, OF + DP) • SMOOTH CEMENT RENDER PAINT FINISH TO BLOCKWORK (CR1)
Fascia and eaves gutter	To match the adjoining Outpatient Building and other buildings of the Hospital precinct.	 <p>COLORBOND COTTAGE GREEN</p> <ul style="list-style-type: none"> • FASCIA + EAVES GUTTER (FA + EG)
External wall finish	Smooth render to match the adjoining Outpatient Building (the dotted hatching of the elevation drawings is to identify extent). The Allied Health Building external wall finish is rough cast.	 <p>COLORBOND CLASSIC CREAM</p> <ul style="list-style-type: none"> • ROOF SHEETING, FLASHINGS + DOWNPIPES (RS1, RC, OF + DP) • SMOOTH CEMENT RENDER PAINT FINISH TO BLOCKWORK (CR1)
Windows and recesses	Due to the scanning uses of the new CT Scanner Building, only one window is required. Recesses in the external visible elevations to the south and east reflect the rhythm and proportions of the windows to the south elevation of the Outpatient Building.	
Blockwork base courses	The base courses of split face concrete blockwork are light stone coloured and reflect the nearby garden walls of the entry pathways.	 <p>SPLIT FACE BLOCKWORK</p> <ul style="list-style-type: none"> • BLOCKWORK WALLS FROM GROUND LEVEL TO BUILDING FLOOR LEVEL (BLK1)
Roof access platform	The roof access platform and ladder are at the rear of the new CT Scanner Building and in the space between the two buildings. The unpainted galvanised finish minimises its visual impacts.	 <p>GALVANISED STEEL</p> <ul style="list-style-type: none"> • ALL EXPOSED EXTERNAL STEEL MEMBERS (SC) • BALUSTRADES AND HANDRAILS (BAL1, BAL2 + HR) • CHAINWAIRE FENCING (FNC1)
Link	The external walls of the link from the Outpatient Building into the new CT Scanner Building are coloured a darker shade to make the original form of the Outpatient Building and the separation of the new CT Scanner Building more legible.	 <p>DULUX STONECROP</p> <ul style="list-style-type: none"> • PAINT FINISH TO LINK WALKWAY EXTERNAL WALLS

4. Heritage Impact and Management

4.1 Overall Guidance

The Charters Towers Hospital has been shown to be a rare and early example of a public health complex in regional Queensland, interlinked with the expansion of the goldfields in the late-19th century, and the changing health and medical practices of the 20th century. The site has undergone major changes across its long history, yet retains a collection of structures and elements original to its 19th century design, along with a collection of early and mid-20th century features.

4.1.1 Conservation Approach

Key conservation principles considered by the Project are:

- Places of cultural significance should be conserved for present and future generations.
- Conservation must form part of the place's management framework.
- A place's significance should be retained whilst allowing for new and adaptive uses where the original is no longer in place.
- Fabric may define spaces and views which form part of the significance of the place.
- Visual setting, including views to and from a place, or along a cultural route, contributes to its cultural significance and distinctive character.
- Use qualified and experienced personnel.
- Interpretation of heritage places is critical in ensuring ongoing enjoyment and understanding for current and future generations.

4.2 Impact Assessment

Based on the Project Description, this assessment responds directly to the significance of the Charters Towers Hospital, predominantly the Outpatient Building and the Allied Health Building, as well as the Gill Street entrance and landscape. This impact assessment should be read in conjunction with the Proposed Scope of Works (Chapter 3), including relevant design documentation (Appendix B), and the previous HIA Report (Appendix C).

The assessment of the degree of impact made by the proposed works utilises AHS's Impact Assessment Grading System which has been developed in accordance with the *ICOMOS Guidance on Heritage Impact Assessment for Cultural World Heritage Properties* and other relevant guidelines and best practice standards.

Table 10: Impact Assessment Grading System (AHS 2025)

Impact Grading	Description
Major	Significantly modifying or completely removing key Historic fabric and elements (moderate-exceptional significance), whether tangible or intangible, that contribute to a place's heritage significance.
Moderate	Modifying key Historic fabric and elements (moderate-high significance), whether tangible or intangible, that contribute to a place's heritage significance.
Minor	Partially modifying Historic fabric and elements (low-high significance), whether tangible or intangible, that contribute to a place's heritage significance.
Negligible	Slight changes to Historic fabric and elements, whether tangible or intangible, that hardly affect it.
No Change / Impact	No change to Historic fabric and elements, whether tangible or intangible.

Table 11: Impact Assessment on the Charters Towers Hospital – Individual Elements (AHS 2025).

Location	Area	Element	Grading	Impact	Comments
<u>Grounds and setting</u>	Adjoining curb and guttering	QHR listed brick drains	Exceptional	No Change	No works planned in this area.
	Boundary Fence	Iron Railing	High	No Change	No works planned in this area.
		Rendered plinths and gate	Moderate	No Change	No works planned in this area.
	Grounds	Garden bed, and path	Moderate	No Change	No works planned in this area.
		Lawn, flagpole and plantings	Low	Minor	The lawn and flagpole will be impacted by the construction of the new CT Building. The flagpole will be removed during construction and reinstated upon completion in the same location. The setting and layout of the lawn will be altered.
		Driveway	Low	No Change	No works planned in this area.
<u>Allied Health Building exterior</u>	Patio	Columns	High	No Change	No works planned in this area.
		Stairs	Moderate	No Change	No works planned in this area.
		Door and Architrave	Moderate	No Change	No works planned in this area.
	General	Fleche	High	No Change	The fleche is both a decorative element being a striking addition to the roofline, as well as an example of early ventilation and cooling methods used for Department of Public Works structures through the early part of the 20 th century.
		Tiled roof	High	No Change	The terracotta tiled roof stands in contrast to the often corrugated iron regional buildings. Italianate styling is a distinctive feature of the early 20th century.
		Rendered walls	High	No Change	The rendered walls are part of the Italianate style and are an early feature.
		Windows	Moderate	No Change	The windows have survived intact on the southern (front) elevation, though have lost their fanlights on the eastern and western ends of the structure.
		Rear additions	None	No Change	The rear extensions are late additions to the building and hold no heritage significance.
	Views	Views to the elevations of the Allied Health Building	High	Negligible	The views will not be impacted from the south, west or north of the structure. The southeastern perspective will be partially obscured by the new CT Scanner Building. The most prominent façade (southern) will remain unobstructed.

Location	Area	Element	Grading	Impact	Comments
Outpatient Building	Portico	Pilasters and freize	High	No Change	No works planned in this area.
		Glass Doors and Architrave	Moderate	No Change	No works planned in this area.
	Dental Hospital	All elements	Moderate	No Change	No works planned in this area.
	General	Windows	Moderate	Negligible	The removal of a window frame in the southwest of the building for a walkway will be an impact to the fabric of the Outpatient building. However, the opening will be maintained so that the original position of the window will be interpretable, and reversible.
		Roof	Moderate	Negligible	The plant for the CT Scanner will affix between the new structure and the roof of the Outpatient Building. This will not alter the form or function of the Outpatient Buildings' roof.
		Rendered walls	Low	Minor	A small section of rendered masonry wall will be removed for the construction of a walkway. This area will be archivally recorded if works are approved.
	Views	Views from south (Gill Street and grounds)	High	Moderate	The outpatient building will be partially obscured by the erection of the new CT Scanner Building which interrupts the building's symmetry and associated landscape that is viewed from Gill Street as the formal entrance to the hospital. However, the limited space left at the hospital site precludes any other location for the CT Scanner. The Outpatient Building has received extensions to its east (dental clinic) in the past to provide additional functionality for the hospital, as well as extensions to the West including two rooms and an external ramp.

Impacts on the adjoining State heritage place – “Stone kerbing, channels and footbridges of Charters Towers” (QHR ID: 602512)

In addition to the above impact assessment, the Charters Towers Hospital adjoins a Queensland heritage listed place – “Stone kerbing, channels and footbridges of charters towers” (QHR ID: 602512) – whereby the State heritage values should be considered in the context of the proposed works.

The kerbing, channels and footbridges are significant features demonstrating the development of early drainage methods in mining towns in far north Queensland in the late 19th century.

The proposed works at the Charters Towers Hospital will have no impact to the key views and vistas of the drains, nor will any work be conducted on, or within the immediate vicinity of the kerbing, drains or footbridges.

4.2.1 Overarching Impact Assessment

As outlined in Table 9 above, the proposed works will have moderate to minor impacts on various fabric of significance within the Outpatient Building. When determining the overarching impact score that proposed works will have on a heritage place, the collective and cumulative impacts of each individual element are taken into consideration, as well as the level of integrity the place holds and whether there are any potential mitigation measures that lessen the severity of the impact.

The score of overarching impact utilises the following grading system (developed utilising the *ICOMOS Guidance on Heritage Impact Assessment for Cultural World Heritage Properties*):

Table 12: Overarching Impact Assessment Grading (AHS 2025)

Impact Grading	Description
Major	Comprehensive changes to / loss of key Historic building elements and setting such that place is totally altered.
Moderate	Changes to / loss of key Historic building elements, such that the place is significantly modified and noticeably changed.
Minor	Change to key Historic building elements, such that the place is slightly different, but retains most key elements.
Negligible	Slight changes to the place that do not impact its overarching heritage significance.
No Change / Impact	No change or impact to a place's overarching heritage significance.

Conclusions for Overarching Impacts

The proposed works are regarded to have a **moderate overarching impact** to the heritage significance of the Outpatient Building, located within the Charters Towers Hospital, largely due to the disruption of viewsheds and partial distortion of the building's symmetry.

It is acknowledged that these impacts have been defined by the Project as essential to ensure the continued use of the Charters Towers Hospital in facilitating necessary health services for the Charters Towers community. As outlined (by others) in the Options Analysis summarised in Chapter 3 of this report (see also Appendix C), space is limited around the site, and the Outpatient Building is the main location providing healthcare services to patients who don't require admission to the hospital. The building also contains the hospital's emergency department and current medical imaging department. Stakeholder engagement was undertaken when developing the options for this project, and it was determined that proposed location for the new CT Scanner building was the most "operationally appropriate location".

As identified in the DA Planning report (Milford Planning 2025), it is acknowledged that a critical driver of the new building's location was maintaining a relationship between medical imaging and the emergency service departments, to allow for quick prognosis', which in an emergency could be the difference between life and death.

The streetscape characteristics will remain mostly intact, with views still clear from the south and south east of the Outpatient building, and obstructed from the southwest. The small portions of early fabric removal will be done in such a way as to retain the interpretability of the Outpatient Building and will be largely reversible in nature. Should it be desired in the future, the new building could be removed and the Outpatient Building repaired and returned to its currently existing state (see Section 4.3 Management Measures). The reversible nature of the works is key to the ongoing conservation of the place and meets Burra Charter objectives.

As outlined in Section 4.3 below, there is also opportunity for an Interpretation Plan to be developed which can seek to enhance the interpretation of the site's history.

It should also be acknowledged that hospitals were historically designed with an intent for alteration and expansion, with the functionalist 1950s approach being a shift away from the earlier, ornate Department of Public Works Structures (such as the Allied Healthcare Building).

The new building is a continuation of the hospitals evolving history, ensuring that the site maintains its historical use as a hospital which is critical in the ongoing conservation of its heritage.

4.2.2 CTRC Heritage Overlay Code

The following table responds to the Performance Outcomes outlined in *Charters Towers Regional Plan 2020* Heritage Place Code:

Table 13: Response to Heritage Overlay, *Charters Towers Regional Council 2020* (AHS 2025).

Item	Performance Outcomes	Response
PO1	The visual appearance of advertising devices and signage: (a) is unobtrusive and does not dominate the building or streetscape; and (b) protects the historic character	No signage is included within the proposal.
PO2	Any demolition must: (a) not result in the loss of the cultural heritage significance of the heritage place; or (b) demonstrate the building or structure to be demolished is not capable of structural repair and represents a safety hazard; (c) ensure that part of the local heritage place is not of cultural heritage significance.	The removal of the window and portion of masonry wall at the southwestern side of the Outpatient Building is a necessity for the adaption and continued use of the medical imaging services within the Outpatients emergency services and hospital complex. <u>It will be a largely reversible change and whilst there are some impacts, it will not diminish the overall structural interpretability of the Outpatient building.</u>
PO3	Development is compatible with the conservation and management of the cultural heritage significance of the Local heritage place.	The significant buildings of the Hospital are all retained. The proposed development is compatible with the conservation and management of the significant buildings of the Hospital and includes management measures to mitigate impacts which are consistent with Burra Charter principles where impacts cannot be avoided.
PO4	Development does not adversely affect the heritage significance of the heritage place and is compatible with its heritage values including: (a) maintaining views to and from the heritage place where significant; (b) consistency with the character, setbacks, setting or appearance of the heritage place; (c) minimising for overshadowing on to the heritage place; (d) avoiding altering, removing or concealing significant heritage features; (e) avoiding the removal of significant established trees and vegetation; and (f) consistency with open space and landscaping features.	The proposed development does not adversely impact the heritage significance of the Allied Health Building. The proposed development is compatible with the ongoing use of the place as a hospital. (a) The proposed development will only have minor impacts on views to the significant Allied Health Building. Refer to Section 6.3. (b) The proposed development is consistent with the character, setbacks, setting and appearance of the Hospital generally, while differentiating itself from the significant Allied Health Building. (c) The CT Scanner Building is a single storey building so any minimal overshadowing will be to the rear part of the east elevation only. (d) No significant features of the Allied Health Building will be altered or removed.

Item	Performance Outcomes	Response
	PO4 (Continued)	<p>The primary significance of the front section of the building will remain visible and only a small rear section will be partly concealed by the proposed development.</p> <p>(e) Moderate impacts to the Outpatients Building have been considered and options to minimise direct impacts further are included in the recommended management measures.</p> <p>(f) Three trees in front of the Outpatient Building will be removed as part of the development. The QHHS assessed the landscaping and trees as not significant.</p> <p>(g) The landscaping features of the circular garden bed and pathways at the entrance to Hospital are retained and are not impacted. The flagpole is also retained. The open space on the east side of the entrance is retained and the open space on the south side of the flagpole towards the street is also retained</p>
PO5	<p>Any reconfiguring a lot:</p> <p>(a) does not diminish the cultural significance of the local heritage place including maintaining its historical context, landscape settings and consistency with the prevailing built environment;</p> <p>(b) reflects the pattern and layout of the original subdivision in the area;</p> <p>and (c) does not reduce public access to the local heritage place.</p>	The proposed CT Scanner Building does not include any reconfiguration of lots.
PO6	<p>Building work incorporates design elements which are compatible with the values of the heritage place in terms of:</p> <p>(a) architectural features; (b) external materials; and (c) finishes and colours.</p>	<p>The character and finishes of the CT Scanner Building have been designed to reflect the Outpatients Building, as an extension to that building, to differentiate it from the significant Allied Health Building. The Outpatients Building has a symmetrical facade with an accentuated entrance centred on the front gates. The proposed development is located to avoid impacts on the entrance pathway or gardens.</p> <p>The proposed development is largely reversible so that if the hospital use of this place were to change in the future, the new building could be removed and the new opening to the Outpatient Building repaired so that the building site is returned to a previous state. Furthermore, the use of contemporary materials and detailing to be legible as a building of its time and not copying historical details.</p>

Item	Performance Outcomes	Response
PO7	Excavation or other earthworks do not create an adverse impact on archaeological and heritage values of the local heritage place.	The likelihood of archaeological deposits is considered to be low in the area in which the CT Scanner Building is proposed. No buildings are known to have stood on this site – though there is a possibility that an early wooden structure may have existed here prior to 1885. A chance find and stop work procedure will be utilised in the result of archaeological discovery (Appendix A).
PO8	Any new fencing, landscaping, access or car parking arrangements are designed and sited in a manner that: (a) does not have a detrimental impact on the significant values or views of the place; (b) enhances the overall appearance of the local heritage place; and (c) is sensitive to materials, colours, scale, placement and layout of the place.	The landscaping to the perimeter of the new building consists of new turf and concrete driveway and pathways to ensure adequate accessibility. Temporary fencing and hoarding to protect the Local heritage building will be removed on completion of the works. The new fencing to the rear of the new building is not visible from the public spaces. These landscaping changes will have a minor impact on the significant buildings of the Hospital
PO9	Development does not adversely impact on known or potential archaeological deposits.	The likelihood of archaeological deposits is considered to be low in the area in which the CT Scanner Building is proposed. No buildings are known to have stood on this site – though there is a possibility that an early wooden structure may have existed here prior to 1885. A chance find and stop work procedure will be utilised in the result of archaeological discovery (Appendix A).
PO10	Any changes as a result of development and associated works to a Local heritage place, are appropriately managed and documented.	This report has recommended an Archival Recording to be conducted as part of the recommended management measures (prior to commencement of works) – see Section 4.3.

4.3 Heritage Management

4.3.1 Management Measures

The following guidelines and measures (Table 12) have been developed and should be followed throughout the proposed works. Recommended measures to mitigate these activities are in **Bold**.

Table 14: Guidelines and mitigation measures for the Project (AHS 2025).

Guideline	Details
Interpretation Plan	An Interpretation Plan should be developed for the hospital which considers a range of strategies to assist in mitigating the loss of heritage fabric to the place as well as strategies for the whole of site more broadly. The Interpretation Plan should be developed by a qualified heritage consultant (ICOMOS) with experience in developing necessary strategies. Strategies may include, but are not limited to, treatment of remaining fabric, digital interpretation and/or signage.
Archival Recording	A brief Archival Recording of the sections proposed for removal and change should be completed prior to works commencing and prepared by qualified heritage personnel to the specified ICOMOS standards. An Archival Recording should follow the necessary State guidelines; <i>Guideline: Archival Recording of Heritage Places</i> . Specific detail should be considered for areas where render and bricks will be removed (i.e., window areas).

Guideline	Details
Storage of Historic Building Elements (Reversibility)	Storage on-site of the windows and masonry (bricks) proposed to be removed to facilitate new entrances (windows and joinery), should be stored on-site for future repair and/or reinstatement of masonry elements to the place. Storage of items should be advised by a qualified heritage consultant (M. ICOMOS) and their storage location recording in the proposed archival recording.
Protection of Significant Fabric	Protection measures during demolition and construction activities should be undertaken to negate any possible harm to significant fabric. Protect the existing features of moderate to high significance from incidental damage (such as hoarding or wrapping in fabric) and maintain protective measures to ensure the development does not result in damage to, or deterioration of, significant elements. This includes the State heritage listed kerbing. Protection should also consider potential issues such as weather, fire, vandalism, insects or other factors.
Training	Awareness Training should be programmed for all contractors that are involved with the proposed work undertaken on the site, to ensure that all parties are aware of the heritage significance of the place and the conditions in which the works must be completed and the measures in place to protect and conserve the heritage significance of the site.
Guideline	Details
Training (cont.)	Training should include the implementation of an <u>Archaeological Discovery ‘Stop Works’ procedure</u> (Appendix A) for any incidental archaeological finds that may occur during proposed works.
Qualified Tradespeople	All works should be completed by Qualified Tradespeople who are experienced in working on local heritage buildings of this nature.
Supervision	A qualified heritage consultant should undertake periodic inspections (as agreed) to supervise proposed activities to ensure compliance with current statutory obligations and the conditions of approval.
Ongoing Advice	Ongoing Advice from suitably qualified heritage professionals prior to the work commences and during project activities and repairs.

4.4 Conclusions

The Charters Towers Hospital requires careful supervision to ensure the integrity of its heritage values is appropriately maintained for future generations. Assessment of the proposed works against the significant elements of the place finds that:

1. The works are essential to ensure the continued use of the hospital.
2. The proposed works will not adversely affect the Allied Health Building or adjoining historic stone kerbs and gutters entered on the QHR.
3. The proposed works will have a moderate impact on the Outpatients Building, (considered to hold local heritage significance, predominantly to the front elevation and its landscape and setting, including key views to and from Gill Street (see Table 9).
4. The Project Team’s previous options analysis (see Appendix C and Section 3.1.1) considered alternative options to avoid or minimise these impacts, including the location of the new CT Scanner building away from the front of the historic Outpatients Building. Alternative options were found to not be prudent and feasible.
5. The works are largely reversible in nature with removed elements proposed for storage for potential future re-use if desired.
6. Appropriate management measures (particularly via interpretation and archival recording objectives) have been proposed in recognition of the proposed works and their interaction within the vicinity of significant elements (see Table 14).

As such, assuming the recommended management measures are implemented, these works should be approved.

References

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Image ID: P02590.009

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Marsland, L.W. 1892 *The Charters Towers Gold Mines: A descriptive and historical account of the town and gold field of Charters Towers, Queensland, with full and detailed particulars of the more important mines, illustrated by plans and photographic views, and of all mining companies carrying on operations on the field: being a handbook of Charters Towers and guide to mining investors*. London: Waterlow Bors. And Layton Limited.

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Queensland Globe, 2025, Satellite imagery of the Study Area.

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Sunday Mail 1947. Charters Towers Mental Hospital, 2 November. Pg. 3.

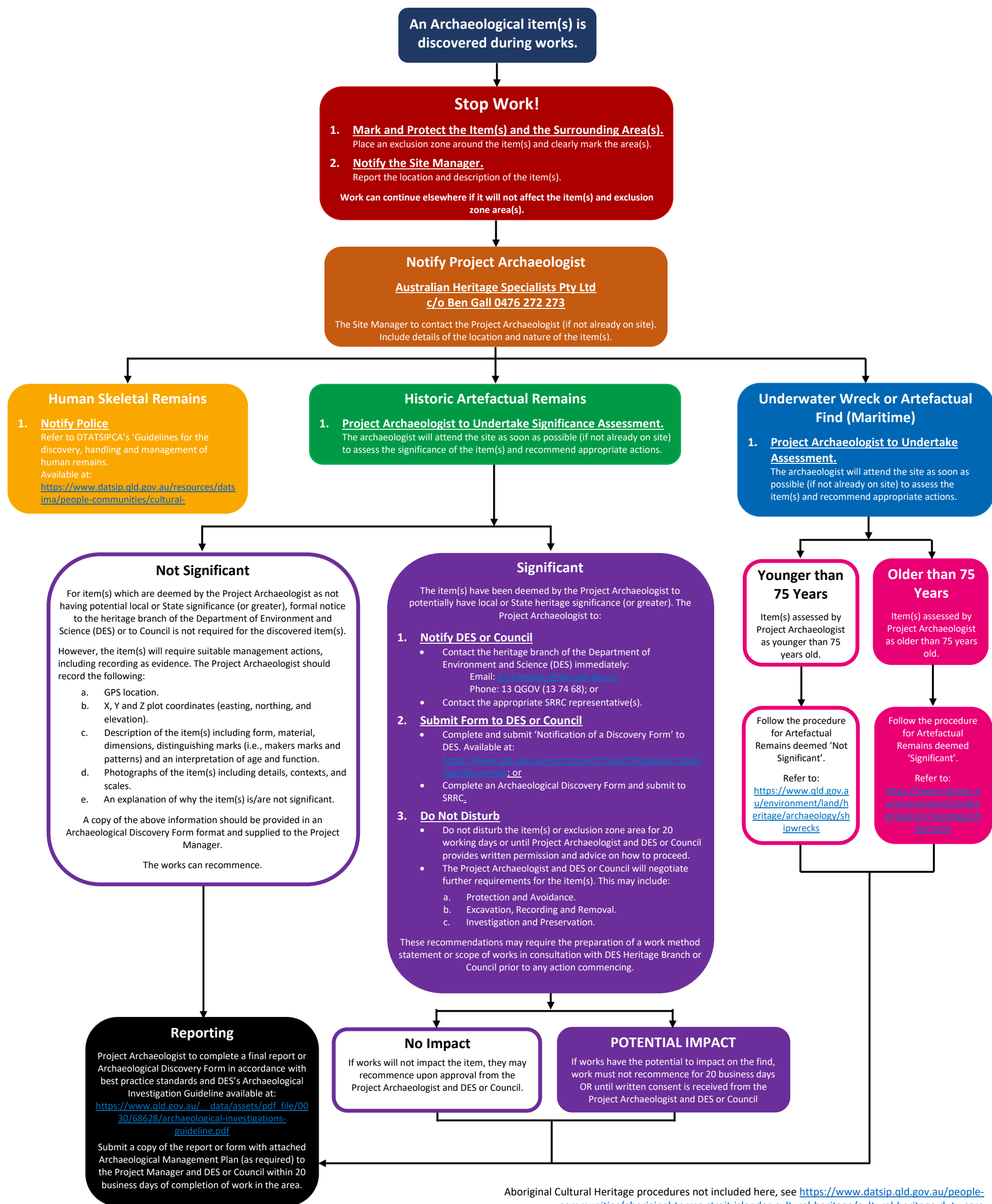
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The Townsville Daily Bulletin 1954. Charters Towers Mental Hospital Opening, 3 July. Pg. 1.

Warwick Daily News 1941. New Mental Hospital for Charters Towers, 30 September. Pg. 1.

Appendices

Appendix A – Archaeological Discovery Stop Work Procedure (Historic)



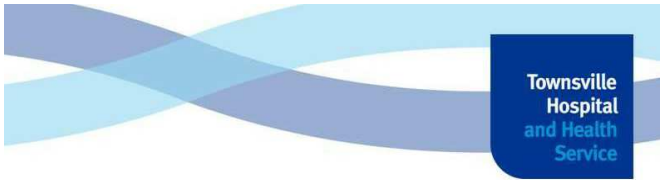
Appendix B – Proposed Scope of Works

CHARTERS TOWERS HOSPITAL CT SCANNER PROJECT

137/139 GILL ST, QUEENTON QLD 4820



DRAWING LIST			
00-000	COVER SHEET & DRAWING LIST	1	
00-001	GENERAL ANNOTATIONS	1	
DE-010	CONSTRUCTION PLAN DETAILS - SHEET 1	1	
DE-011	CONSTRUCTION PLAN DETAILS - SHEET 2	1	
DE-012	CONSTRUCTION DETAILS - SHEET 1	1	
DE-013	CONSTRUCTION DETAILS - SHEET 2	1	
DE-014	CONSTRUCTION DETAILS - SHEET 3	1	
DE-020	STAIR 01 DETAILS	1	
DE-030	WET AREA SET-OUTS	1	
DE-040	TYPICAL HEIGHT SETOUTS	1	
DE-041	PARTITION TYPES	1	
DE-042	PARTITION DETAILS SHEET 1	1	
DE-043	PARTITION DETAILS SHEET 2	1	
DE-044	CEILING DETAILS	1	
DE-045	FLOOR DETAILS	1	
DE-046	METAL WORKS AND GATE DETAILS	1	
DE-051	DOOR HARDWARE LOCATIONS	1	
DE-052	DOOR VISION PANEL DETAILS	1	
DE-053	DOOR FRAME TYPE DETAILS	1	
DE-054	DOOR THRESHOLD DETAILS	1	
DE-055	GLAZING FRAME DETAILS	1	
DE-060	JOINERY PLAN AND SCHEDULE	1	
DE-061	JOINERY - J.01, J.02, J.03	1	
DE-062	JOINERY - J.04, J.05, J.06, J.07	1	
DE-063	JOINERY - J.08, J.09, J.10 AND SPLASHBACKS	1	
DE-064	TYPICAL JOINERY ELEVATIONS & SECTIONS	1	
DE-065	TYPICAL JOINERY DETAILS	1	
DE-080	SIGNAGE FLOOR PLAN GROUND LEVEL AND SCHEDULE	1	
DE-081	SIGNAGE - TYPICAL MOUNTING HEIGHTS	1	
DE-082	SIGNAGE - TYPICAL DETAILS STATUTORY	1	
DE-083	SIGNAGE - TYPICAL DETAILS ROOM IDENTIFICATION	1	
DE-084	SIGNAGE - TYPICAL FUEL STORAGE DETAILS STATUTORY	1	
EL-001	BUILDING ELEVATIONS	2	
EL-002	STRUCTURAL WALL ELEVATIONS	2	
EL-003	ELEVATIONS - MSB, GENERATOR & FUEL TANK	1	
FL-001	FIRE COMPARTMENT PLAN GROUND LEVEL	2	
FL-002	EXTERNAL WORKS	1	
FL-003	DEMOLITION PLAN GROUND LEVEL	1	
FL-004	STRUCTURAL SETOUT PLAN	2	
FL-005	FLOOR PLAN	2	
FL-006	ROOF PLAN	1	
FL-007	MECHANICAL PLANT PLAN	1	
FL-008	PARTITION PLAN GROUND LEVEL	2	
FL-009	FFE PLAN GROUND LEVEL	1	
FL-010	FLOOR FINISHES PLAN	1	
FL-011	WALL FINISHES PLAN	1	
FL-012	WATERPROOFING PLANS	1	
FL-020	EXTERNAL WORKS - MSB, GENERATOR & FUEL TANK	1	
FL-021	STRUCTURAL SETOUT PLAN - MSB, GENERATOR & FUEL TANK	1	
FL-022	FLOOR PLAN - MSB, GENERATOR & FUEL TANK	1	
FL-023	ROOF PLAN - MSB, GENERATOR & FUEL TANK	1	
RCP-001	REFLECTED CEILING PLAN	2	
RLS-001	RLS - CT ROOM SHEET 1	1	
RLS-002	RLS - CT ROOM SHEET 2	2	
RLS-003	RLS - CHANGE AND WAITING	1	
RLS-004	RLS - CHANGE/WC	1	
RLS-005	RLS - CT CONTROL	1	
RLS-006	RLS - XRAY CONTROL	2	
RLS-007	RLS - WORKSTATION	1	
RLS-008	RLS - X-RAY SHEET 1	1	
RLS-009	RLS - X-RAY SHEET 2	1	
SE-020	BUILDING SECTIONS - SHEET 1	1	
SE-021	BUILDING SECTIONS - SHEET 2	2	
SE-022	SECTIONS - MSB, GENERATOR & FUEL TANK	1	
SE-030	WALL SECTIONS SHEET 1	1	
SE-031	WALL SECTIONS SHEET 2	1	
SE-032	WALL SECTIONS SHEET 3	1	
SE-033	WALL SECTIONS SHEET 4	1	
SE-040	DETAILED SECTIONS - MSB	1	
SH-050	DOOR SCHEDULE	3	
SH-052	WINDOW ELEVATIONS	1	
SI-001	LOCATION PLAN	1	
SI-002	SITE PLAN	1	
SI-003	SITE PLAN - MSB, GENERATOR & FUEL TANK	1	
SK-01	SITE PLAN - LOCAL HERITAGE PLACES	0	
SK-02	BUILDING ELEVATIONS AND FINISHES	0	
SK-03	PERSPECTIVE VIEWS - SHEET 1	0	
SK-04	PERSPECTIVE VIEWS - SHEET 2	0	
SK-05	SCHEMATIC DESIGN OPTION TESTING	0	
79			



CHARTERS TOWERS HOSPITAL CT SCANNER PROJECT

137/139 GILL ST,
QUEENTON QLD 4820

COVER SHEET & DRAWING LIST

SCALE (at A1) 1 : 100	DATE 11/02/25
REVISIONS 1	DRAWING NO. 010099-193580-CTHC-G-A-00-000

GENERAL ANNOTATIONS & SYMBOLS

GENERAL ABBREVIATIONS

ADJ	ADJUSTABLE
AL	ALUMINIUM
BLK	BLOCKWORK
BWK	BRICKWORK
CFC	COMPRESSED FIBRE CEMENT
CIV	CIVIL (ENGINEER)
CJ	CONTROL JOINT
CL	CENTRE LINE
COL	CONCRETE COLUMN
COS	CHECK ON SITE
CONC	IN-SITU CONCRETE
CPD	CUPBOARD
CRS	CENTRES
DF	DRINKING FOUNTAIN
DP	DOWN PIPE
DPC	DAMP-PROOF COURSE
ELEC	ELECTRICAL (ENGINEER)
ENG	ENGINEER
EQ	EQUAL
EJ	EXPANSION JOINT
EXIST	EXISTING
EXT	EXTERNAL
FC	FIBRE CEMENT
FCL	FINISHED CEILING LEVEL
FE	FIRE EXTINGUISHER
FFL	FINISHED FLOOR LEVEL
FH	FIRE HYDRANT
FHR	FIRE HOSE REEL
FIP	FIRE INDICATOR PANEL
FW	FLOOR WASTE
GRC	GLASS FIBRE REINFORCED CONCRETE
HWU	HOTWATER UNIT
HYD	HYDRAULIC (ENGINEER)
INT	INTERNAL
MECH	MECHANICAL (ENGINEER)
NOM	NOMINAL
O/H	OVERHEAD
OF	OVERFLOW
OFC	OFF FORM CONCRETE
PC	PRECAST CONCRETE
PWD	PERSON WITH DISABILITIES
RCP	REFLECTED CEILING PLAN
RL	REDUCED LEVEL
RS	ROLLER SHUTTER
RWH	RAIN WATER HEAD
SC	STEEL COLUMN
SHR	SHOWER
Sim.	SIMILAR
SPEC	SPECIFICATION
SS	STAINLESS STEEL
SSL	STRUCTURAL SURFACE LEVEL
STR	STRUCTURAL (ENGINEER)
U/S	UNDERSIDE
UNO	UNLESS NOTED OTHERWISE
WC	WATER CLOSET (TOILET)

GENERAL NOTES

1. REFER TO STRUCTURAL ENGINEER'S DRAWINGS FOR STRUCTURAL STEEL, REINFORCED CONCRETE, LOAD BEARING CORE FILLED BLOCKWORK, AND WINDLOADS.
2. REFER TO BUILDING SERVICES ENGINEERS' DRAWINGS FOR RELEVANT INFORMATION.
3. ALL ARCHITECTURAL DRAWINGS TO BE READ IN CONJUNCTION WITH OTHER DISCIPLINES.
4. CHECK ANY DISCREPANCIES PRIOR TO WORKS COMMENCING.

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Use figured dimensions in preference to scale.
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Peddle Thorp

ANNOTATION LEGEND

	CEILING TAG - FINISH (REFER TO FINISHES SCHEDULE) HEIGHT ABOVE FFL
	WINDOW TAG - REFER TO SCHEDULE FOR DETAILS
	DOOR TAG- D(INT/EXT DOOR) - B (BUILDING LETTER) - .51(ROOM #) - A(DOOR #) REFER TO DOOR SCHEDULE FOR DETAILS
	PARTITION TYPE TAG
	FFE TAG
	FLOOR FINISH TAG
	JOINERY TAG
	FINISHES TAG
	ROOM TAG
	SPAN DIRECTION TAG
	EXISTING AREA LEVEL TAG
	PROPOSED AREA LEVEL TAG
	EXISTING SPOT LEVEL TAG
	PROPOSED SPOT LEVEL TAG
	DATUM LEVEL TAG
	STAIR TAG
	VIEW REFERENCE TAG
	REVISION TAG

VIEW REFERENCE LEGEND

	View Name	PLAN VIEW TITLE TAG
	View Scale	
	View Name	SECTION AND ELEVATION VIEW TITLE TAG
	View Scale	
		SECTION VIEW REFERENCE TAGS
		ELEVATION VIEW REFERENCE TAGS
		PLAN VIEW REFERENCE TAG / CALLOUT
		SECTION / ELEVATION VIEW REFERENCE TAG / CALLOUT

DRAWING SERIES NUMBERING

DE-000	DETAIL
EL-000	ELEVATION
FL-000	FLOOR PLAN
RCP-000	REFLECTED CEILING PLAN
RL-000	ROOM LAYOUT SHEET
SC-000	SCHEMATIC
SI-000	SITE PLAN
SE-000	SECTION
SLA-000	SITE LAYOUT PLAN
WDS-000	WINDOW & DOOR SCHEDULE

DRAWING NUMBERING

Example

[10099-193580-CTHC-G-A-FL-000] [1]

MASTER SITE No. (GLB)

PROJECT No.

ZONE CODE

FLOOR CODE

DISCIPLINE

DRAWING CONTENT

DRAWING No.

REVISION

010099

-

193580

-

CTHC

-

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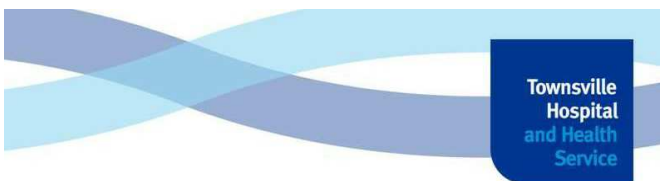
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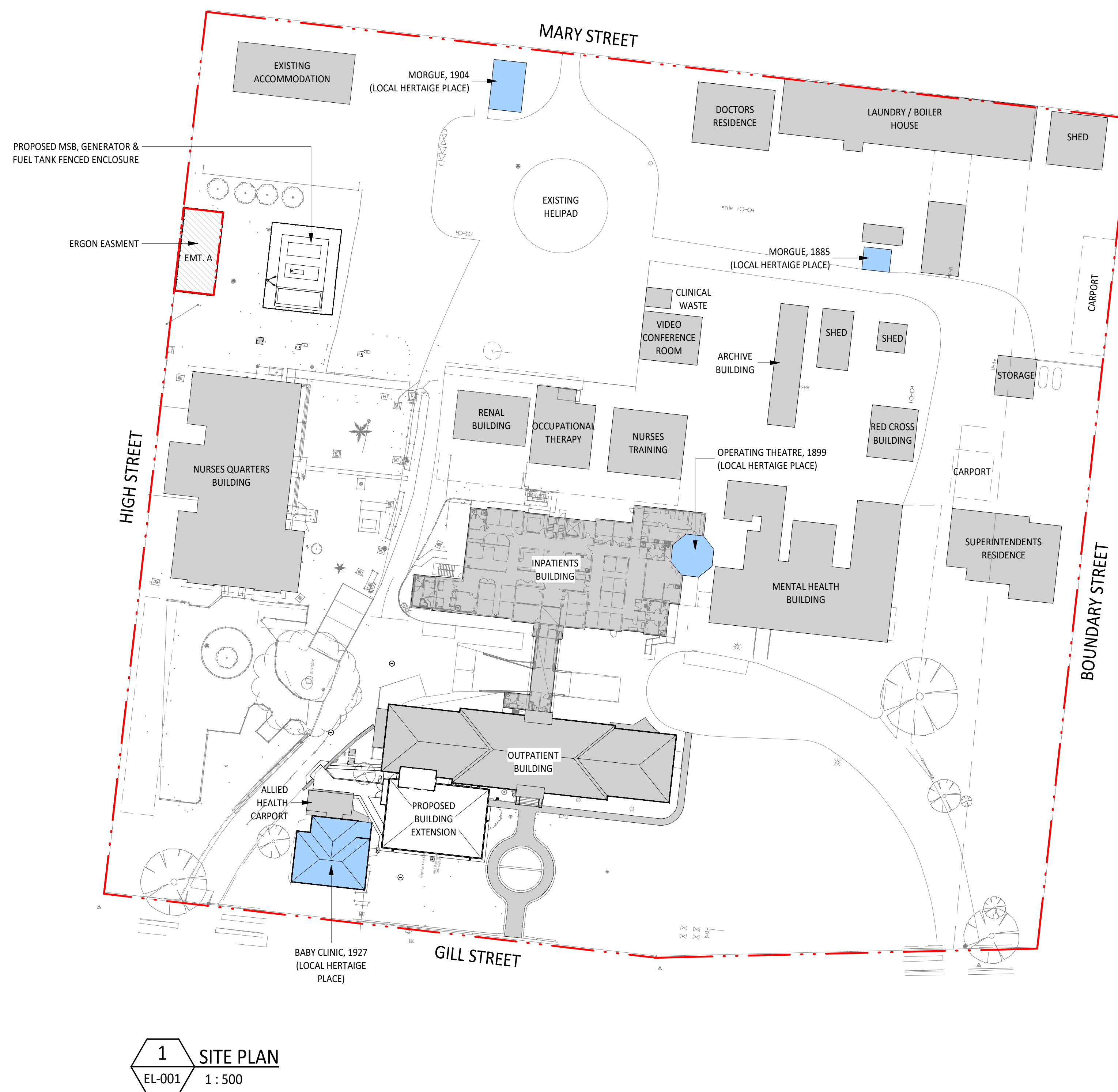
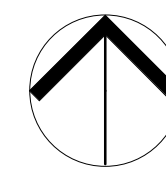


CHARTERS TOWERS HOSPITAL CT SCANNER PROJECT

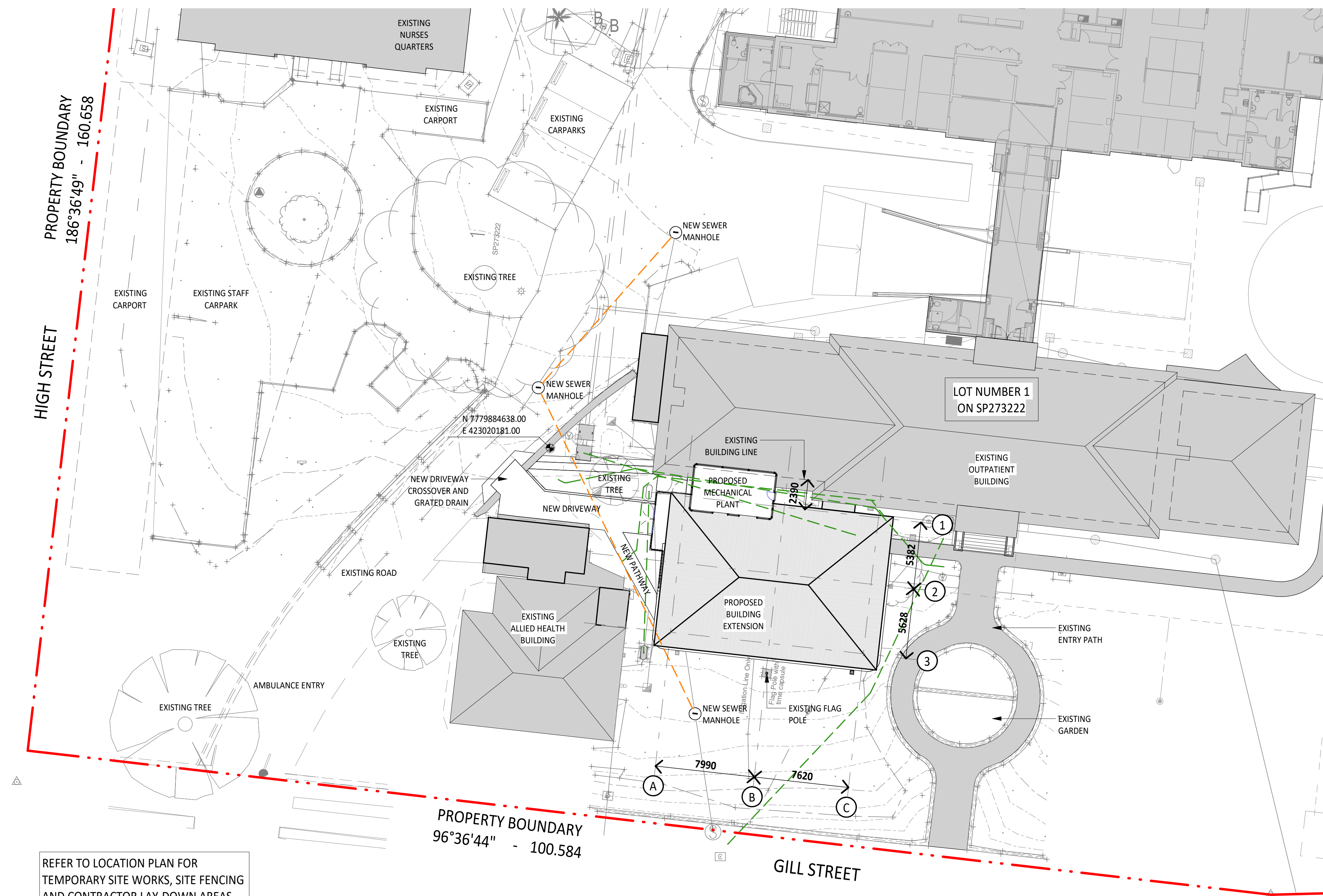
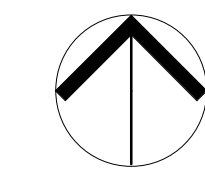
137/139 GILL ST,
QUEENTON QLD 4820

GENERAL ANNOTATIONS

SCALE (at A1)	DATE
1 : 100	11/02/25
REVISIONS	DRAWING NO.
1	010099-193580-CTHC-G-A-00-001



1 SITE PLAN
EL-001 1 : 500



REFER TO LOCATION PLAN FOR
TEMPORARY SITE WORKS, SITE FENCING
AND CONTRACTOR LAY-DOWN AREAS

1 SITE PLAN
DE-014 1 : 200

REAL SURVEY DESCRIPTION LEGEND

SURVEYOR	ROWLANDS SURVEYS
SURVEY DATE	11/09/2019 & 06/04/2023
HORIZONTAL DATUM	GDA'94 / MGA ZONE 55
VERTICAL DATUM	PSM PM20645

REAL PROPERTY DESCRIPTION LEGEND

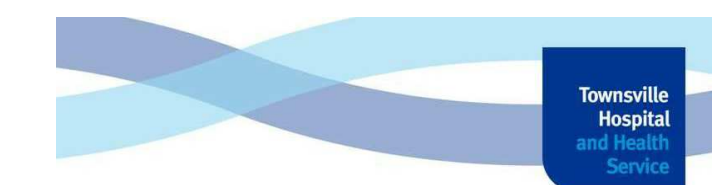
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LOT NUMBER	1
PLAN TYPE AND NUMBER	SP 273222
LOCALITY	QUEENTON 4820
LOCAL AUTHORITY	CHARTERS TOWERS REGIONAL COUNCIL

LEGEND

- EXISTING BUILDING
- PROPOSED BUILDING
- PROPOSED SEWER ALIGNMENT & TRENCHING. REFER TO CIVIL DRAWINGS FOR DETAILS
- LINE OF SERVICES TRENCHING. REFER TO CONSULTANT DRAWINGS FOR TYPE & DETAILS

- TO BE READ IN CONJUNCTION WITH CIVIL AND SERVICES DRAWINGS.
- THE ARCHITECT IS TO BE IMMEDIATELY NOTIFIED OF ANY DISCREPANCIES.
- NORTHING AND EASTING POINTS HAVE BEEN DETERMINED BY THE SURVEY PROVIDED IN THE SURVEY DESCRIPTION LEGEND. BEARINGS AND DISTANCES ALIGN TO THESE POINTS.

PEDDLE THORP
architecture | interiors | health | planning



CHARTERS TOWERS HOSPITAL CT SCANNER PROJECT

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QUEENTON QLD 4820

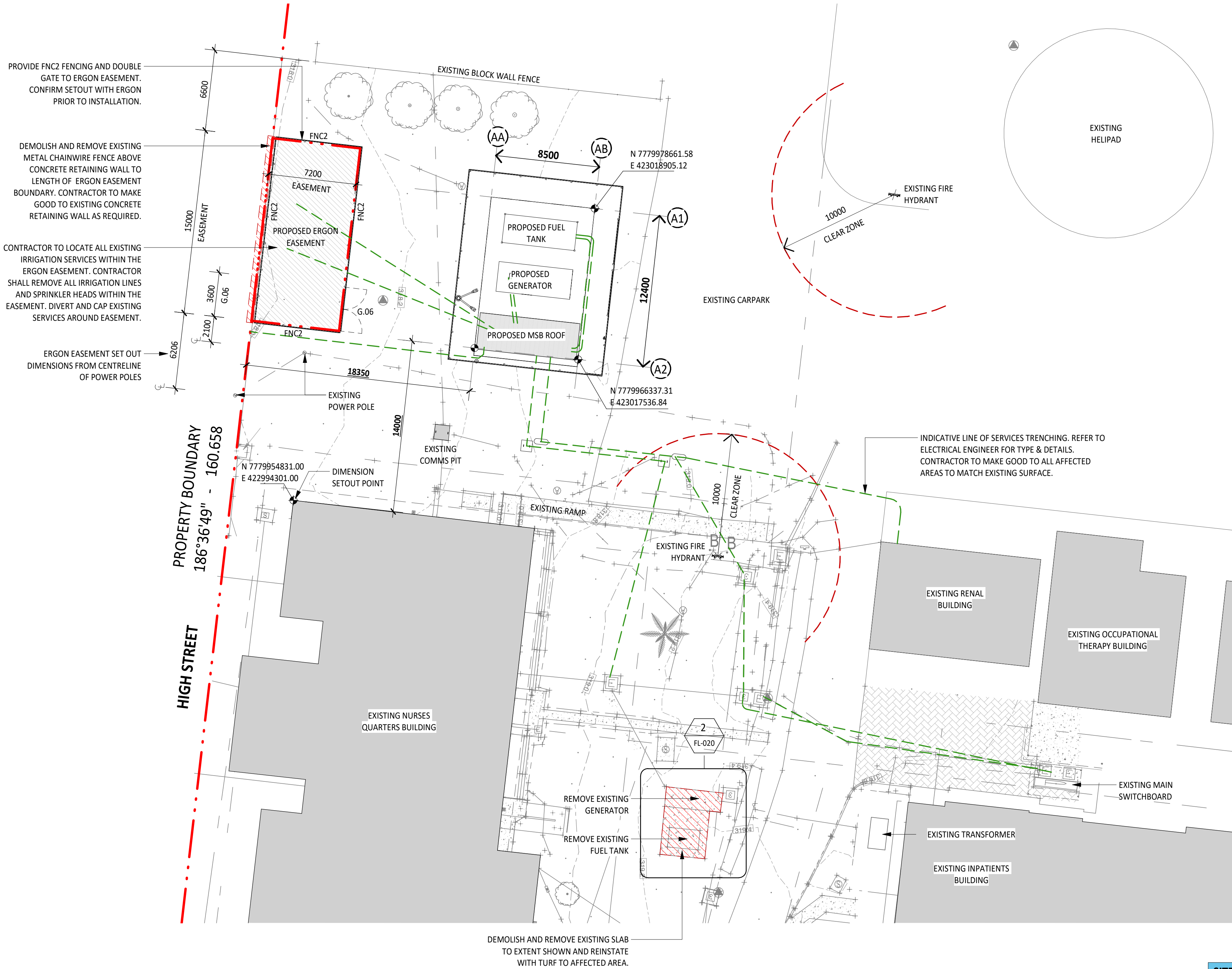
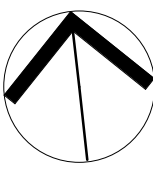
SITE PLAN

SCALE (at A1)
As indicated

REVISIONS
1

DATE
11/02/25

DRAWING NO.
010099-193580-CTHC-G-A-SI-002



1 SITE PLAN - MSB, GENERATOR & FUEL TANK
EL-003 1 : 200

REFER TO LOCATION PLAN FOR
TEMPORARY SITE WORKS, SITE FENCING
AND CONTRACTOR LAY-DOWN AREAS

SITE DEMOLITION LEGEND

- GREY HATCH INDICATES EXISTING BUILDING
- RED HATCH AND LINE INDICATES BUILDING ELEMENTS TO BE DEMOLISHED
- LIASE TERMINATION OF SERVICES WITH CLIENT
- PLANS TO BE PRINTED IN COLOUR

DEMOLITION NOTES

- ALL DEMOLITION TO BE CARRIED OUT IN ACCORDANCE WITH THE BUILDING FITOUT GUIDELINES WHERE AVAILABLE.
- ALL DRAWINGS ARE TO BE READ IN CONJUNCTION WITH THE SPECIFICATION AND SERVICES CONSULTANT'S DOCUMENTATION.
- REFER TO ALL STAGING DOCUMENTATION AND CONFIRM WITH USERS EXTENT OF HOARDING PRIOR TO PROCEEDING WITH ANY WORKS.
- ALL FLOOR COVERINGS TO BE REMOVED AND SURFACE TO BE MADE GOOD TO ACCEPT NEW FLOOR FINISHES.
- ANY WALL, FLOOR SERVICES TO BE TERMINATED AND ANY PENETRATIONS CLOSED AND FIRE RATED AS REQUIRED.
- ALL WINDOW TREATMENTS INCLUDING TRACKS TO BE REMOVED AND SURFACES MADE GOOD.
- EXISTING BUILDING SERVICES TO BE RELOCATED TO SERVICES CONSULTANT'S DOCUMENTATION.
- CONTRACTOR TO REFER TO HAZARDOUS MATERIAL REGISTER SUPPLIED BY THHS AND REMOVED IN COMPLIANCE WITH AUSTRALIAN STANDARDS AND THHS REQUIREMENTS.

REAL SURVEY DESCRIPTION LEGEND

SURVEYOR	ROWLANDS SURVEYS
SURVEY DATE	11/09/2019 & 06/04/2023
HORIZONTAL DATUM	GDA'94 / MGA ZONE 55
VERTICAL DATUM	PSM PM20645

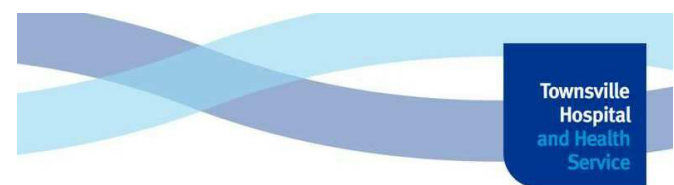
REAL PROPERTY DESCRIPTION LEGEND

PROJECT ADDRESS	137/139 GILL ST, QUEENTON QLD 4820
LOT NUMBER	1
PLAN TYPE AND NUMBER	SP 273222
LOCALITY	QUEENTON 4820
LOCAL AUTHORITY	CHARTERS TOWERS REGIONAL COUNCIL

LEGEND

- EXISTING BUILDING
- PROPOSED BUILDING
- PROPOSED SEWER ALIGNMENT & TRENCHING. REFER TO CIVIL DRAWINGS FOR DETAILS
- LINE OF SERVICES TRENCHING. REFER TO CONSULTANT DRAWINGS FOR TYPE & DETAILS

- TO BE READ IN CONJUNCTION WITH CIVIL AND SERVICES DRAWINGS.
- THE ARCHITECT IS TO BE IMMEDIATELY NOTIFIED OF ANY DISCREPANCIES.
- NORTHING AND EASTING POINTS HAVE BEEN DETERMINED BY THE SURVEY PROVIDED IN THE SURVEY DESCRIPTION LEGEND. BEARINGS AND DISTANCES ALIGN TO THESE POINTS.



CHARTERS TOWERS HOSPITAL
CT SCANNER PROJECT

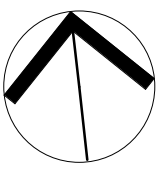
137/139 GILL ST,
QUEENTON QLD 4820

SITE PLAN - MSB,
GENERATOR & FUEL
TANK

SCALE (at A1)
As indicated

REVISIONS
1

DATE
11/02/25
DRAWING NO.
010099-193580-CTHC-G-A-SI-003



CHARTERS TOWERS HOSPITAL
CT SCANNER PROJECT

137/139 GILL ST,
QUEENTON QLD 4820

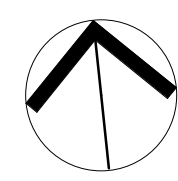
FIRE COMPARTMENT COLOUR LEGEND

COMPARTMENT NAME	AREA
COMPARTMENT 1 - OUTPATIENT BUILDING	744 m²


FIRE COMPARTMENT LEGEND	
	FIRE RATED WALL - FRL 120/120/120
	SMOKE COMPARTMENT WALL
PLANS TO BE PRINTED IN COLOUR	

FIRE COMPARTMENT
PLAN GROUND LEVEL

SCALE (at A1) As indicated	
REVISIONS 2	DATE 11/02/25
DRAWING NO. 010099-193580-CTHC-G-A-FL-001	



CONSTRUCTION

 **PEDDLE THORP**







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Qld 4000 Australia

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DRAWING

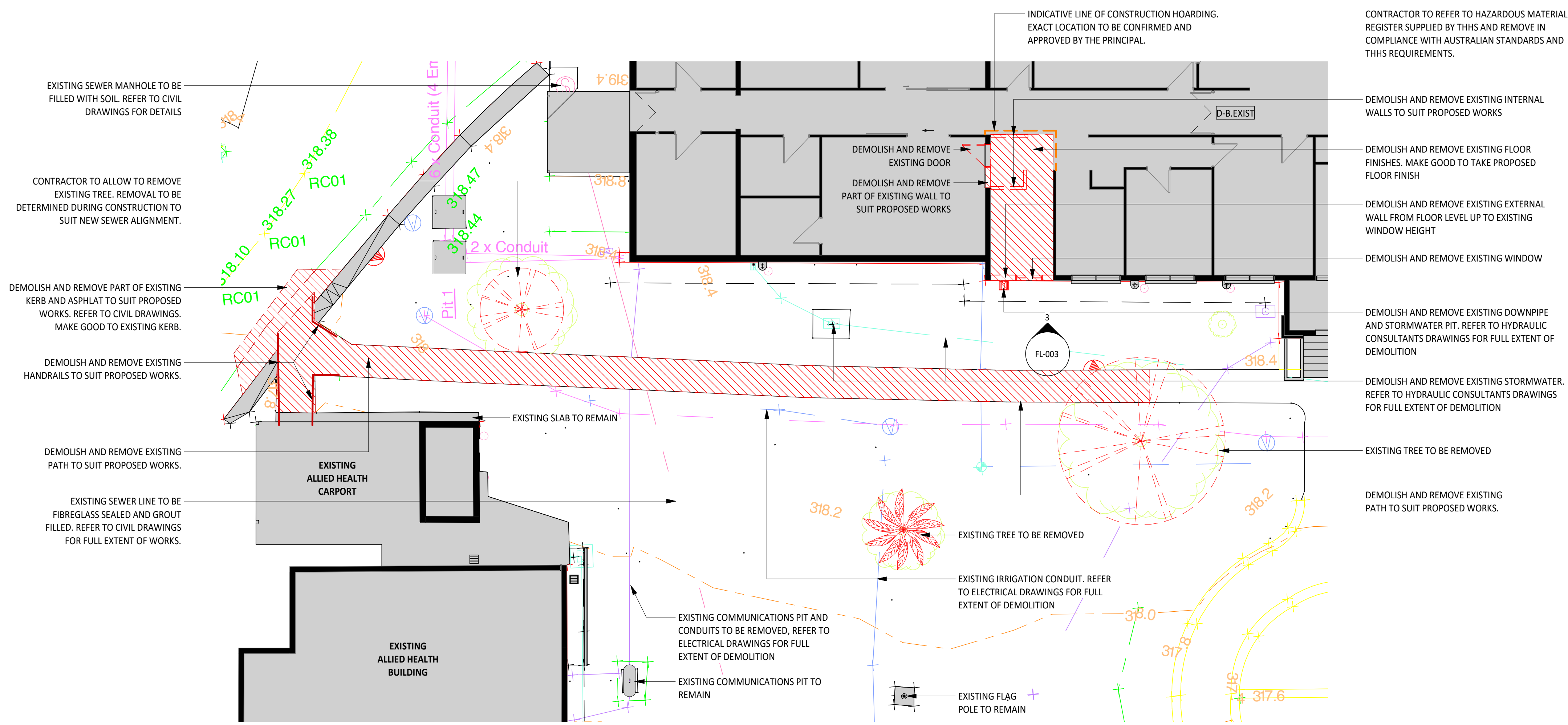
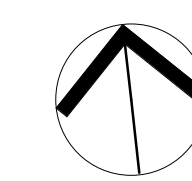
EXTERNAL WORKS

A1	SCALE (at A1) 1 : 100	CHK HF	DRAWN NB	DATE 11/02/25
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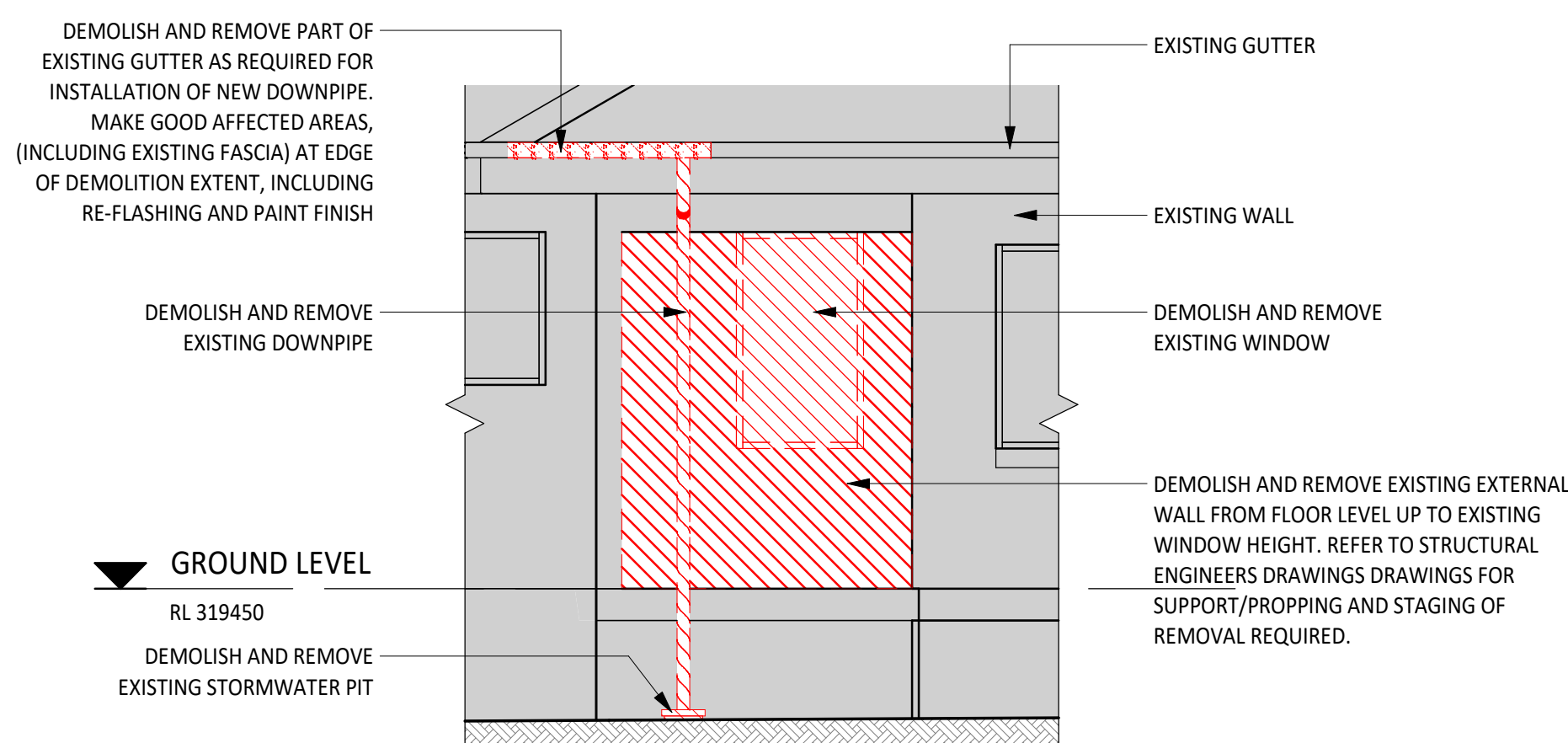
	TURF REINSTATEMENT - REFER TO CIVIL
	CON-B CONCRETE NATURAL BROOM FINISH
	DENOTES EXISTING
	DENOTES PROPOSED BUILDING OUTLINE
	DENOTES EXISTING GARDEN BED
	ASPHALT REINSTATEMENT - REFER TO CIVIL
-E	DENOTES EXISTING
ALS	ACCESS LADDER SYSTEM
COS	CLEAR OUT - REFER TO HYDRAULIC DRAWINGS
CP	COMMUNICATIONS PIT
DG	DISCONNECTOR GULLY
DP	DOWNPPIPE - REFER TO HYDRAULIC DRAWINGS
EP	ELECTRICAL PIT
FFL	FINISHED FLOOR LEVEL
FNC1	FENCING - TYPE 1
HWU	HOT WATER UNIT - REFER TO HYDRAULIC DRAWINGS
SC	STRUCTURAL COLUMN - REFER TO STRUCTURAL DRAWINGS FOR DETAILS
SSL	STRUCTURAL SLAB LEVEL
SW	STORMWATER PIT - REFER TO HYDRAULIC DRAWINGS FOR DETAILS.
TSG1	TACTILES TYPE 1
TOW	TOP OF WALL

PLANS TO BE PRINTED IN COLOUR

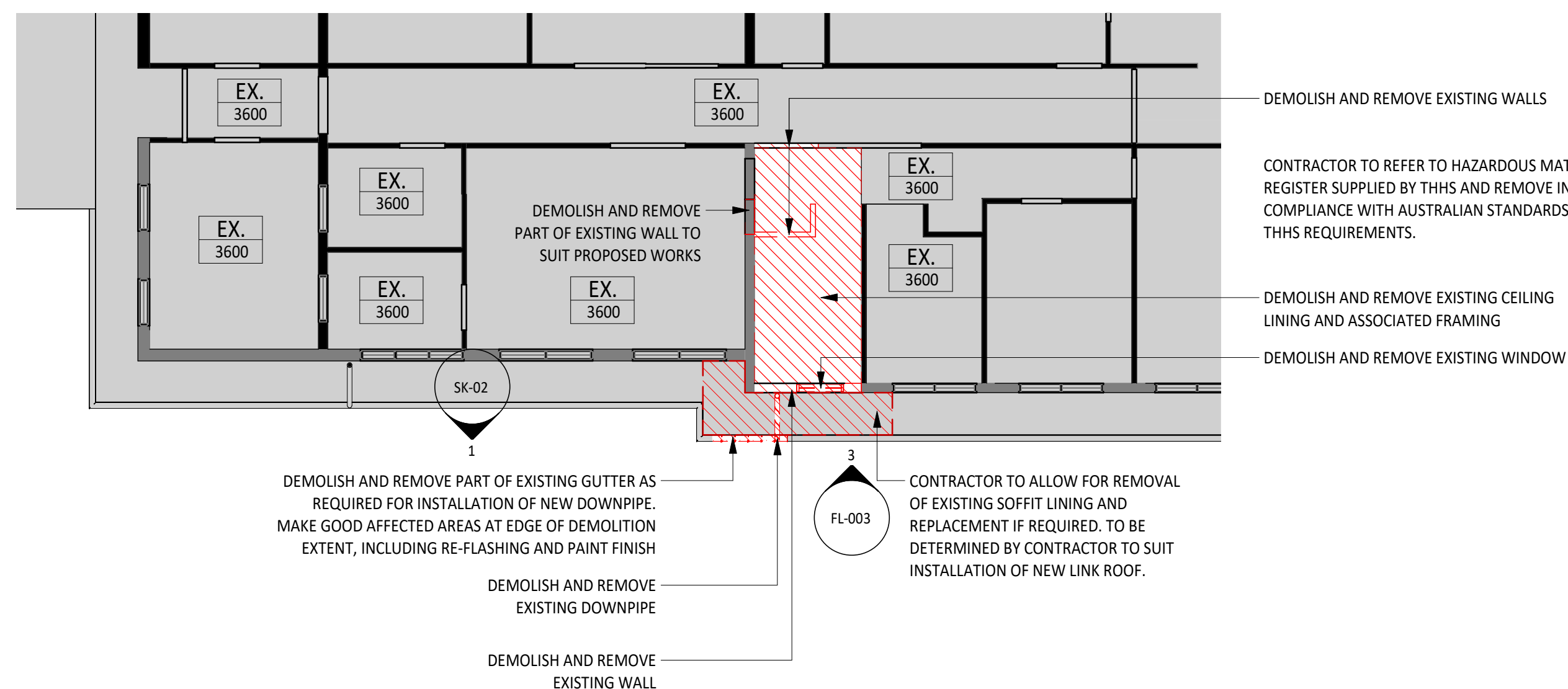
1. CIVIL BACKGROUNDS SHOWN ON ARCHITECTURAL DRAWINGS ARE INDICATIVE ONLY.
2. REFER TO CIVIL AND SERVICES DRAWINGS FOR PRICING AND CONSTRUCTION WITHIN EXTERNAL WORKS AREAS.
3. UNDERGROUND SERVICES TO BE LOCATED/VERIFIED ON SITE BEFORE ANY EARTHWORKS BEGIN. UNDERGROUND SERVICES ARE NOT TO BE DISTURBED DURING CONSTRUCTION. REFER SURVEY AS IDENTIFIED ON SITE PLAN.
4. REFER TO CIVIL DRAWINGS FOR EASTING AND NORTHING COORDINATES TO EXTERNAL FLOOR FINISHES.
5. FALLS ARE SHOWN ON THE ARCHITECTURAL DOCUMENTATION. FOR LEVELS REFER TO:
 - A. GENERAL - REFER TO CIVIL DETAILS.
 - B. BUILDING THRESHOLD - REFER TO ARCHITECTURAL DETAILS.
6. THE ARCHITECT IS TO BE IMMEDIATELY NOTIFIED OF DISCREPANCIES.
7. CONTRACTOR IS RESPONSIBLE TO MAKE GOOD AND PROVIDE TURF REINSTATEMENT AS REQUIRED TO THE ENTIRE CONTRACTOR SITE WORKS BOUNDARY.
8. DRAWINGS ARE TO BE READ IN CONJUNCTION WITH ARCHITECTURAL SPECIFICATION.



1 DEMOLITION GROUND FLOOR
DE-014 1 : 100



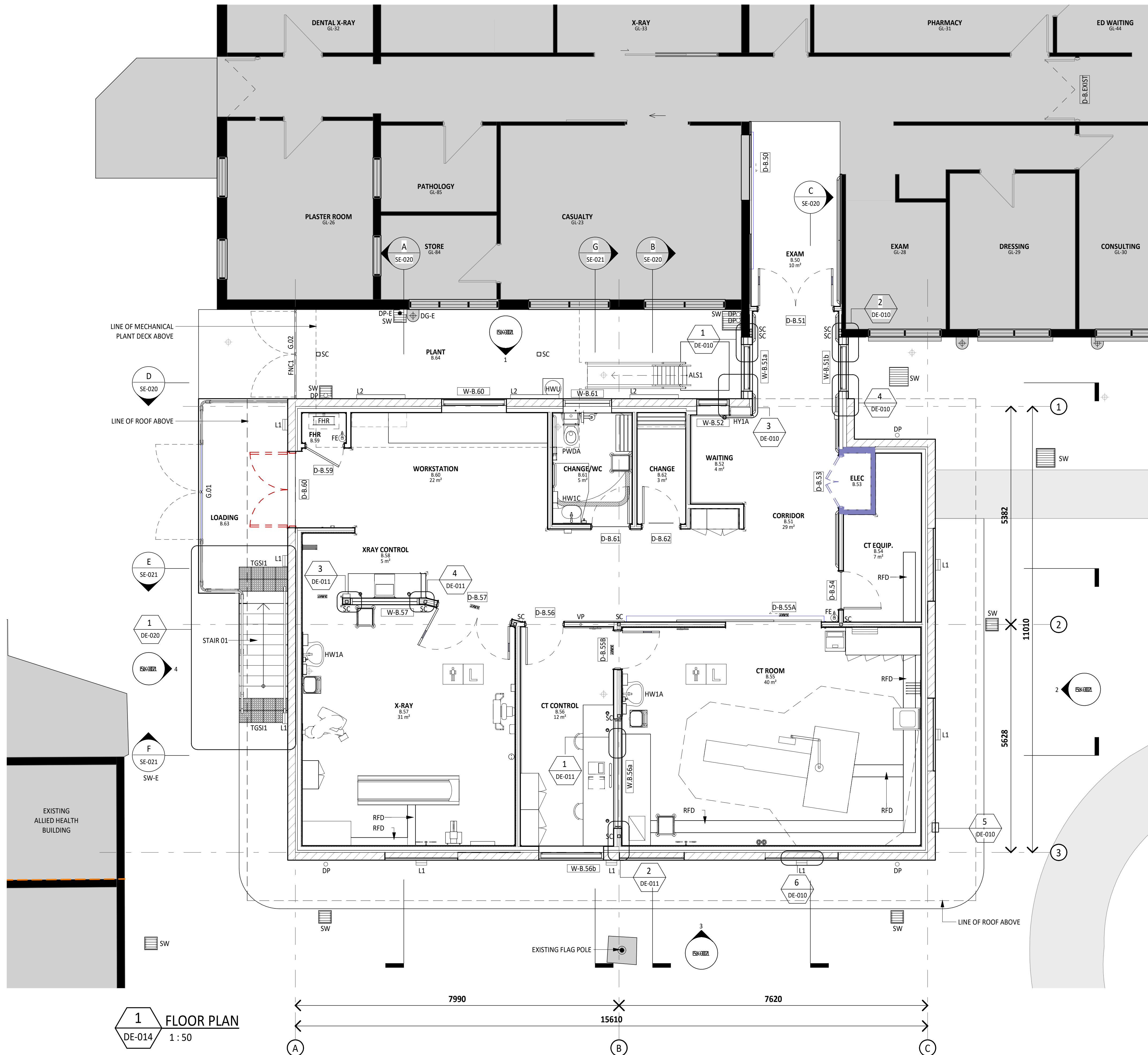
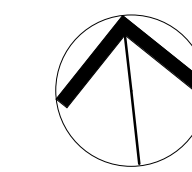
3 DEMOLITION ELEVATION
FL-003 1 : 50



2 DEMOLITION RCP
DE-014 1 : 100

DEMOLITION LEGEND	
	GREY HATCH INDICATES EXISTING FLOOR
	BLACK HATCH INDICATES EXISTING WALL
	RED HATCH AND LINE INDICATES BUILDING ELEMENTS TO BE DEMOLISHED
	BLUE HATCH AND LINE INDICATES REMOVE, RETAIN AND REUSE
	LIASE TERMINATION OF SERVICES WITH CLIENT
PLANS TO BE PRINTED IN COLOUR	

DEMOLITION NOTES	
1.	ALL DEMOLITION TO BE CARRIED OUT IN ACCORDANCE WITH THE BUILDING FITOUT GUIDELINES WHERE AVAILABLE.
2.	ALL DRAWINGS ARE TO BE READ IN CONJUNCTION WITH THE SPECIFICATION AND SERVICES CONSULTANT'S DOCUMENTATION.
3.	REFER TO ALL STAGING DOCUMENTATION AND CONFIRM WITH USERS EXTENT OF HOARDING PRIOR TO PROCEEDING WITH ANY WORKS.
4.	ALL FLOOR COVERINGS TO BE REMOVED AND SURFACE TO BE MADE GOOD TO ACCEPT NEW FLOOR FINISHES.
5.	ANY WALL, FLOOR SERVICES TO BE TERMINATED AND ANY PENETRATIONS CLOSED AND FIRE RATED AS REQUIRED.
6.	ALL WINDOW TREATMENTS INCLUDING TRACKS TO BE REMOVED AND SURFACES MADE GOOD.
7.	EXISTING BUILDING SERVICES TO BE RELOCATED TO SERVICES CONSULTANT'S DOCUMENTATION.
8.	CONTRACTOR TO REFER TO HAZARDOUS MATERIAL REGISTER SUPPLIED BY THHS AND REMOVED IN COMPLIANCE WITH AUSTRALIAN STANDARDS AND THHS REQUIREMENTS.



SYMBOL LEGEND	
	BODY PROTECTED ELECTRICAL AREA
	SHIELDING: LEAD LINING

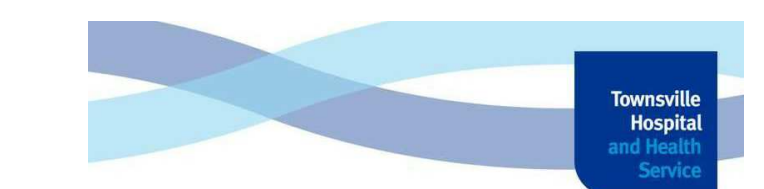
FLOOR PLAN NOTES	
1.	THIS DRAWING TO BE READ IN CONJUNCTION WITH THE SPECIFICATION
2.	PROVIDE ALLOWANCE TO ADD SUPPORT TO WALLS FOR ALL WALL MOUNTED ITEMS, INCLUDING BUT NOT LIMITED TO HANDBASINS, HANDRAILS, SCREENS, PROJECTORS ETC.
3.	ALL PENETRATIONS THROUGH FIRE-RATED BUILDING ELEMENTS TO BE FIRE-STOPPED TO MAINTAIN THE LEVEL OF INTEGRITY OF THE HOST ELEMENT (I.E WALL, FLOOR, CEILING)
4.	REFER TO RADIATION SHIELDING DESIGN REPORTS (AS PREPARED BY TOWNSVILLE HOSPITAL HEALTH SERVICE) FOR RADIATION SHIELDING REQUIREMENTS.

LEGEND	
-E	DENOTES EXISTING
ALS1	ACCESS LADDER SYSTEM TYPE 1
DP	DOWN PIPE - REFER TO HYDRAULIC FOR DETAILS
DG	DISCONNECTOR GULLY - REFER TO HYDR.FOR DETAILS
EXIST	EXISTING
FE	FIRE EXTINGUISHER - REFER TO HYDRAULIC FOR DETAILS
FHR	FIRE HOSE REEL - REFER TO HYDRAULIC FOR DETAILS
FNC1	FENCING TYPE 1
HW1A	HANDWASH BASIN TYPE A
HW1C	HANDWASH BASIN TYPE C
HWU	HOT WATER UNIT - REFER TO HYDRUALIC FOR DETAILS
HY1A	BOTTLE FILLING STATION
L1	LIGHT FIXTURE TYPE 1 - REFER ELECTRICAL DETAILS
L2	LIGHT FIXTURE TYPE 2 - REFER ELECTRICAL DETAILS
RFD	RECESSED FLOOR DUCT - REFER TO ELEC. FOR DETAILS
SC	STRUCTURAL COLUMN - REFER TO STRUCT. FOR DETAILS
SSL	STRUCTURAL SURFACE LEVEL
SW	STORMWATER PIT - REFER TO HYDRAULIC FOR DETAILS
TGS1	TACTILE TYPE 1
VP	VENT PIPE - REFER TO HYDRAULIC FOR DETAILS
UNO	UNLESS NOTED OTHERWISE

REFER TO ARCHITECTURAL SPECIFICATION, WORK SCHEDULE AND FFE SCHEDULE FOR DETAILS

FIRE MANAGEMENT LEGEND	
	FIRE RATED BLOCKWORK- REFER TO SETOUT PLANS FOR MORE INFO
	SMOKE COMPARTMENT WALL
	FIRE RATED CEILING

PLANS TO BE PRINTED IN COLOUR

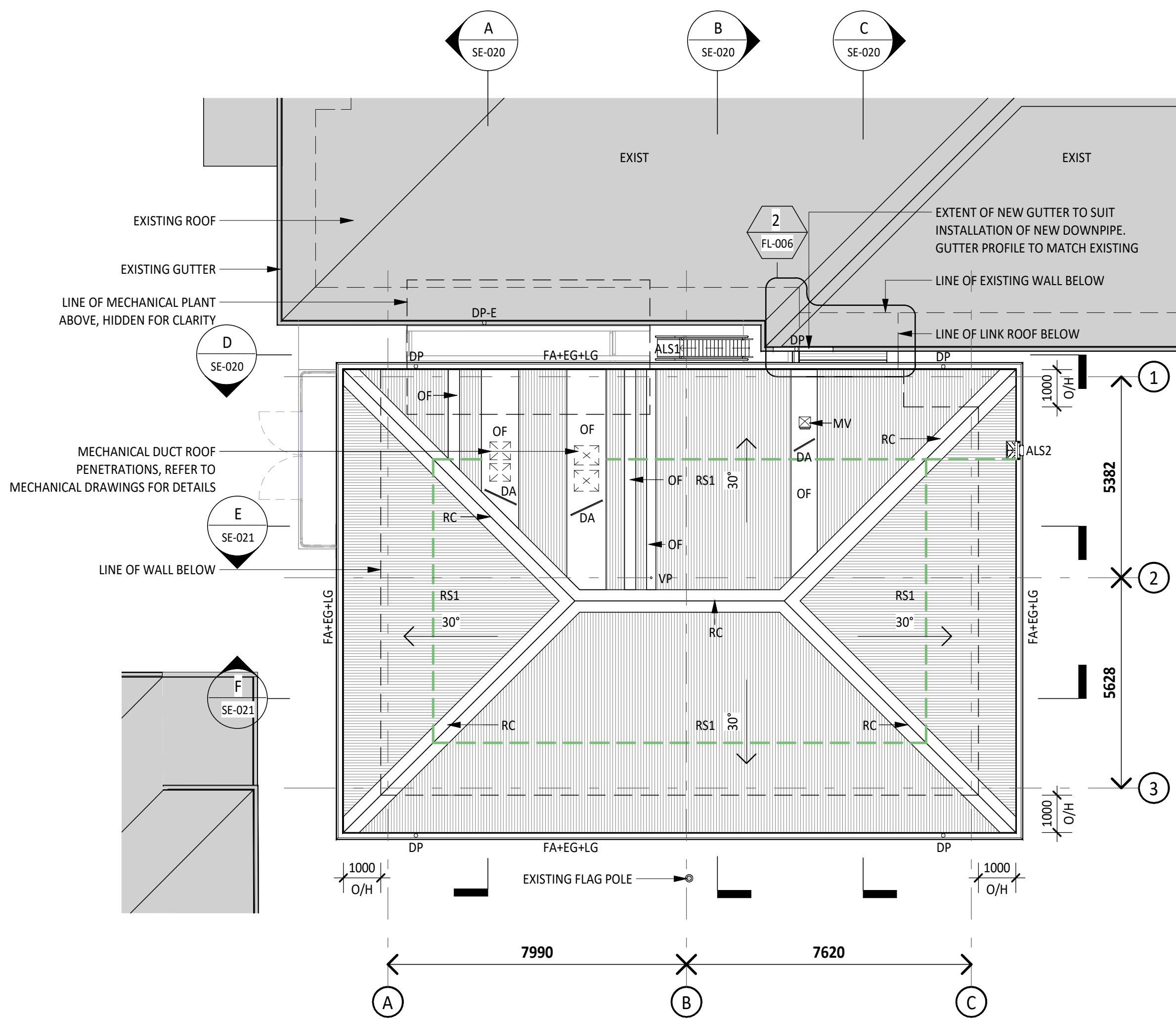


CHARTERS TOWERS HOSPITAL CT SCANNER PROJECT

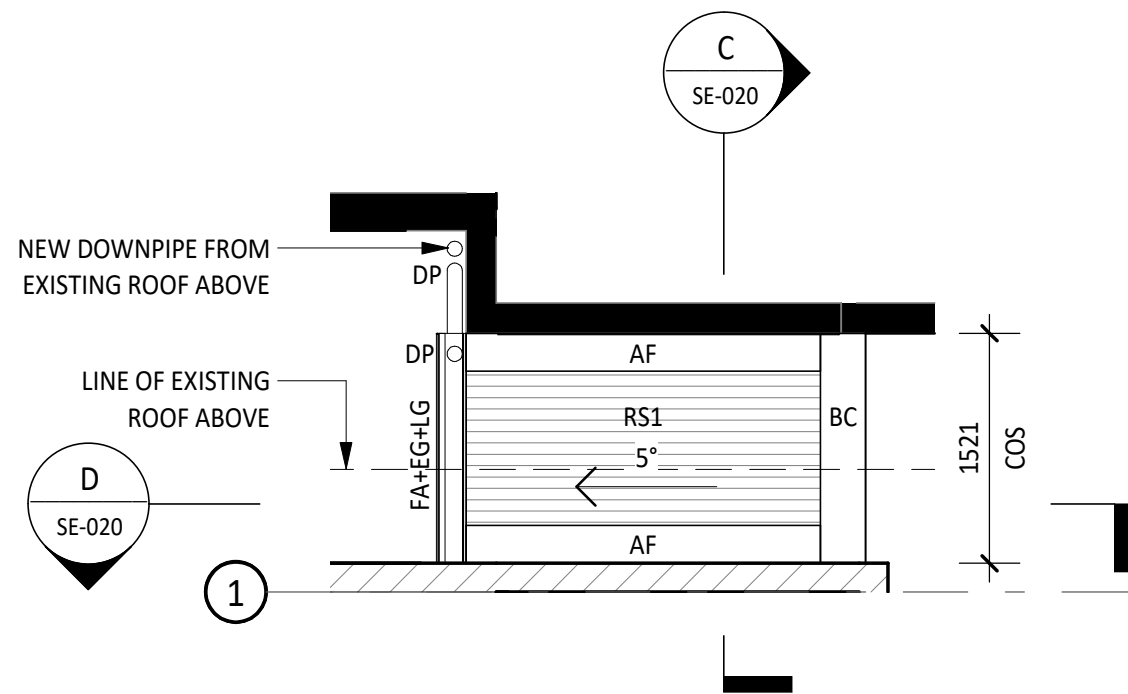
137/139 GILL ST,
QUEENTON QLD 4820

FLOOR PLAN

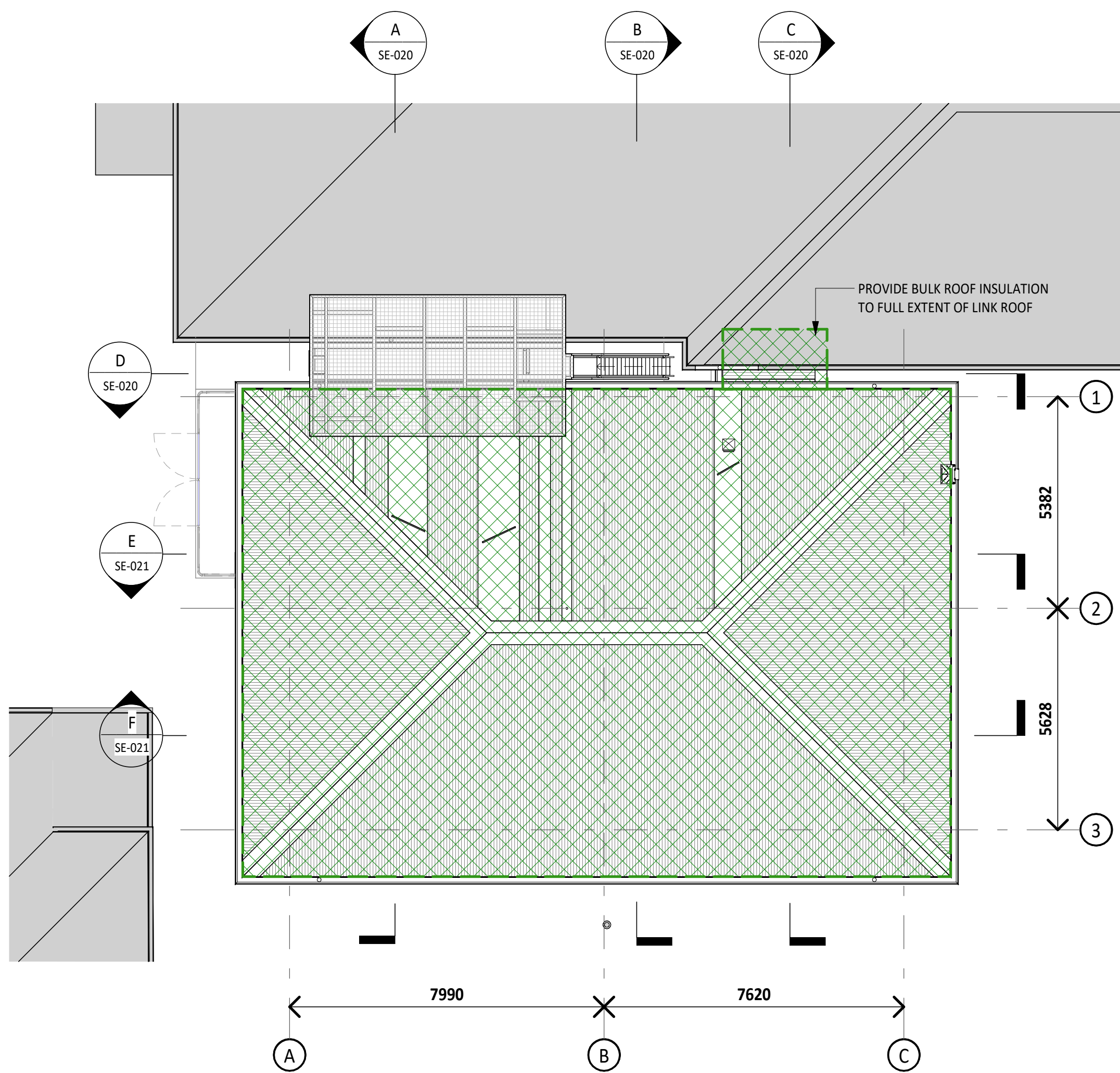
SCALE (at A1)	DATE
1 : 50	11/02/25
REVISIONS	DRAWING NO.
2	010099-193580-CTHC-G-A-FL-005



1 ROOF PLAN
DE-014 1 : 100



2 LINK ROOF PLAN
FL-006 1 : 50



3 ROOF INSULATION EXTENT
DE-014 1 : 100

LEGEND

-E	DENOTES EXISTING
ALS1	ACCESS LADDER SYSTEM TYPE 1
ALS2	ACCESS LADDER SYSTEM TYPE 2
AP	APRON FLASHING
BC	BARGE CAPPING
DA	DIVERTER ANGLE
DP	DOWN PIPE
EG	EAVES GUTTER
EXIST	EXISTING
FA	FASCIA
LG	LEAF GUARD
MV	MECHANICAL VENT
OF	OVER FLASHING / PAN FLASHING
RC	RIDGE CAPPING
RS1	ROOF SHEETING TYPE 1
SC	STRUCTURAL COLUMN
VP	VENT PIPE
UNO	UNLESS NOTED OTHERWISE

REFER TO ARCHITECTURAL SPECIFICATION AND
WORK SCHEDULE FOR DETAILS

ROOF PLAN NOTES

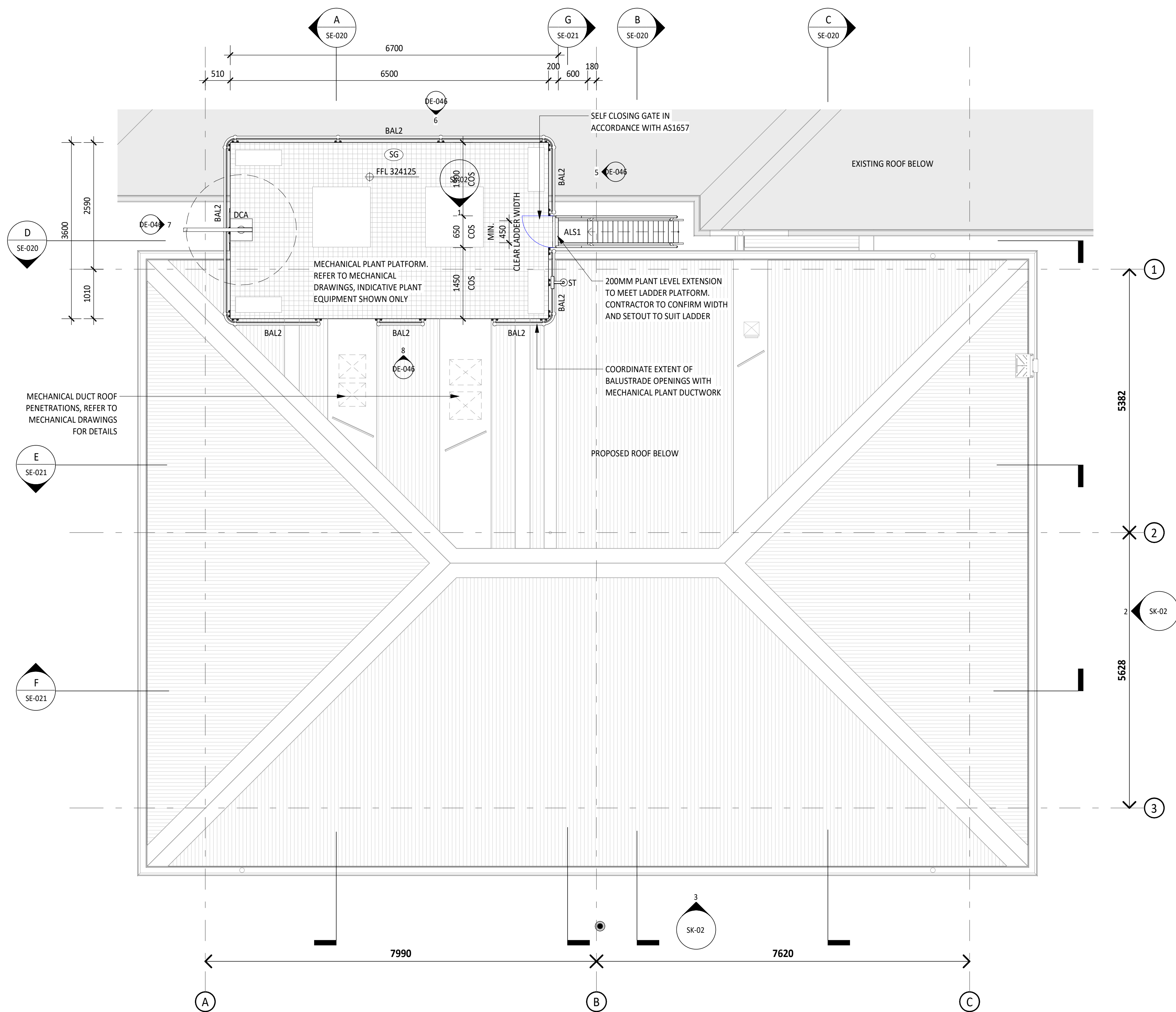
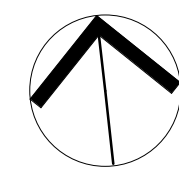
- INDICATES STATIC SAFETY LINE. FINAL LAYOUT TO BE DONE IN CONSULTATION WITH SPECIALIST SUPPLIER
- BULK INSULATION TYPE A - REFER TO WORK SCHEDULE AND DETAILS

1. ALL ROOF PENETRATIONS MUST HAVE PAN FLASHING / OVER FLASHING PROVIDED TO FULL LENGTH OF ROOF SHEET.

ROOF PLANS TO BE PRINTED IN COLOUR

FLOOR PLAN NOTES

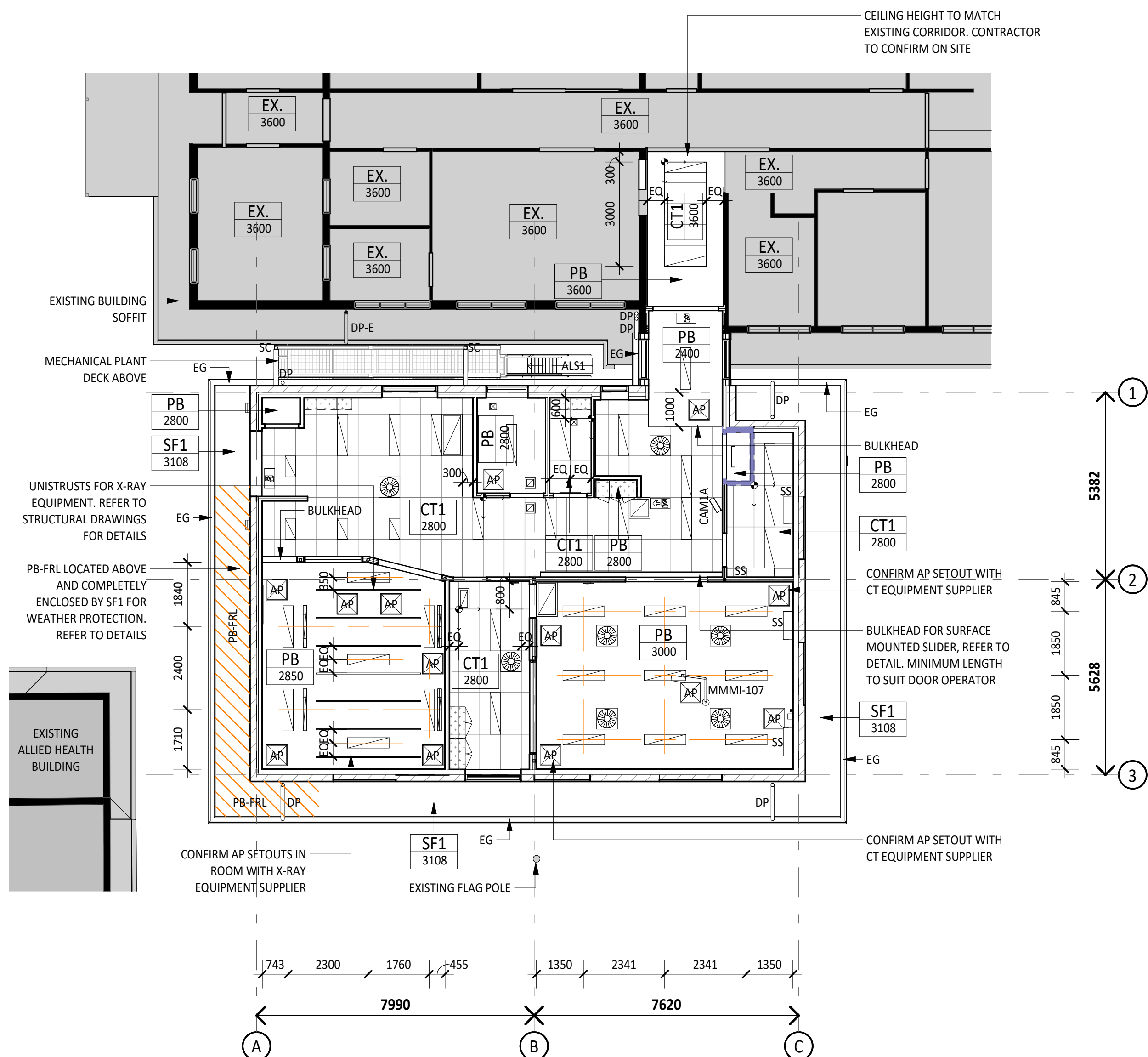
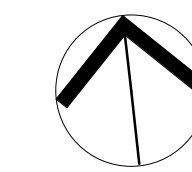
- THIS DRAWING TO BE READ IN CONJUNCTION WITH THE SPECIFICATION
- PROVIDE ALLOWANCE TO ADD SUPPORT TO WALLS FOR ALL WALL MOUNTED ITEMS, INCLUDING BUT NOT LIMITED TO HANDBASINS, HANDRAILS, SCREENS, PROJECTORS ETC.
- ALL PENETRATIONS THROUGH FIRE-RATED BUILDING ELEMENTS TO BE FIRE-STOPPED TO MAINTAIN THE LEVEL OF INTEGRITY OF THE HOST ELEMENT (I.E WALL, FLOOR, CEILING)
- REFER TO RADIATION SHIELDING DESIGN REPORTS (AS PREPARED BY TOWNSVILLE HOSPITAL HEALTH SERVICE) FOR RADIATION SHIELDING REQUIREMENTS.



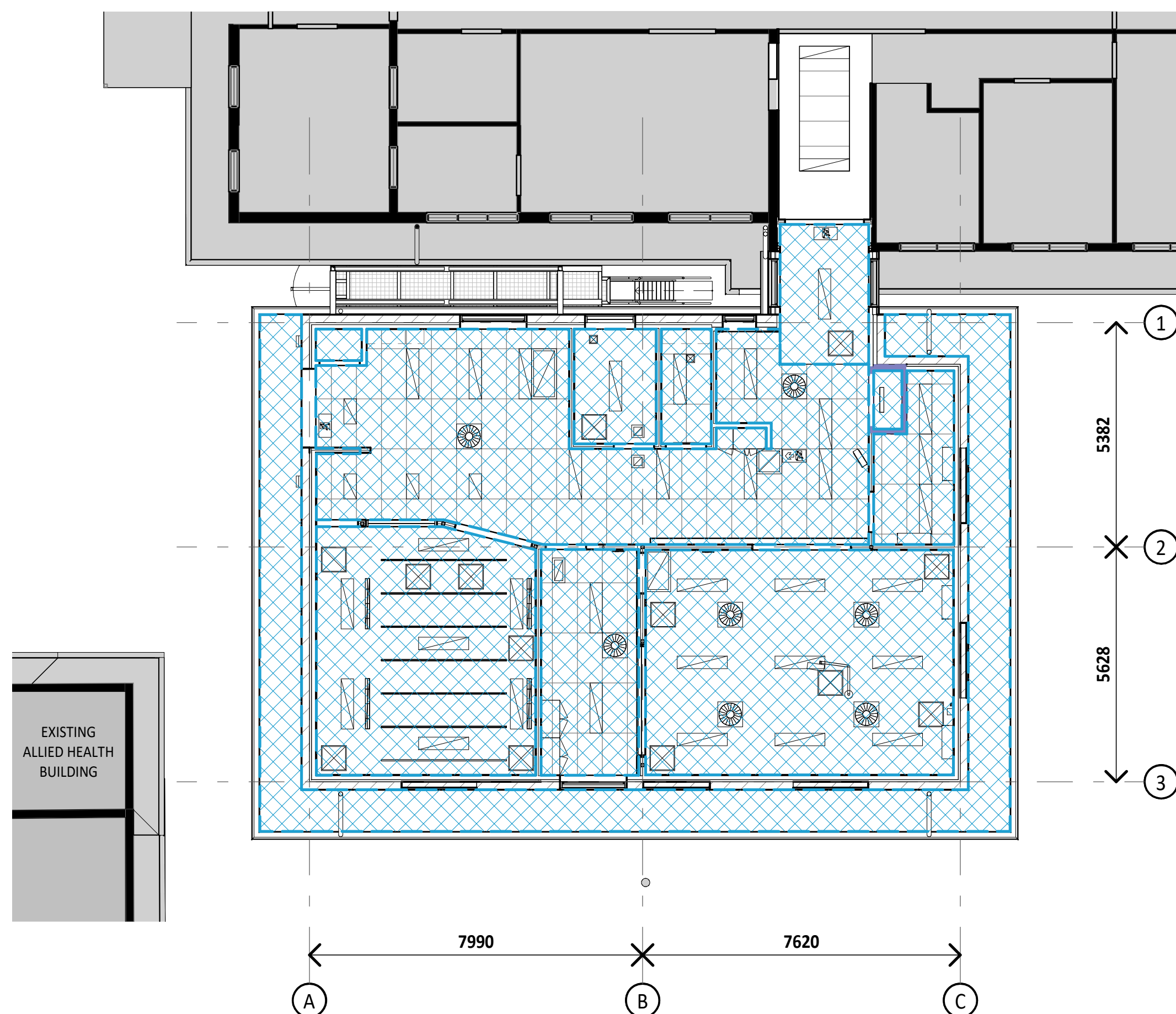
1 MECHANICAL PLANT PLAN
1:50

LEGEND	
-E	DENOTES EXISTING
ALS1	ACCESS LADDER SYSTEM TYPE 1
BAL2	BALUSTRADE TYPE 2
DCA	DAVIT CRANE ARM
SG	STEEL GRATING
ST	FLOODLIGHT STANCHION SYSTEM - REFER ELECTRICAL DETAILS
FFL	FINISHED FLOOR LEVEL
REFER TO ARCHITECTURAL SPECIFICATION, WORK SCHEDULE AND FFE SCHEDULE FOR DETAILS	

FLOOR PLAN NOTES	
1. THIS DRAWING TO BE READ IN CONJUNCTION WITH THE SPECIFICATION	
2. PROVIDE ALLOWANCE TO ADD SUPPORT TO WALLS FOR ALL WALL MOUNTED ITEMS, INCLUDING BUT NOT LIMITED TO HANDBASINS, HANDRAILS, SCREENS, PROJECTORS ETC.	
3. ALL PENETRATIONS THROUGH FIRE-RATED BUILDING ELEMENTS TO BE FIRE-STOPPED TO MAINTAIN THE LEVEL OF INTEGRITY OF THE HOST ELEMENT (I.E WALL, FLOOR, CEILING)	
4. REFER TO RADIATION SHIELDING DESIGN REPORTS (AS PREPARED BY TOWNSVILLE HOSPITAL HEALTH SERVICE) FOR RADIATION SHIELDING REQUIREMENTS.	



1 REFLECTED CEILING PLAN
DE-014 1 : 100



2 CEILING INSULATION EXTENT
DE-014 1 : 100

CEILING LEGEND

AP	ACCESS PANEL
CT1	MEDICAL GRADE CEILING TILE
PB	FLUSH SET PLASTERBOARD SHEETING
PB-FRL	FIRE RATED MOSITURE RESISTANT PLASTERBOARD SHEETING
SF1	FIBRE CEMENT SHEETING
	GREY HATCH INDICATES EXISTING CEILING
	BLACK HATCH INDICATES EXISTING WALL
	JOINERY BULKHEAD
	THERMAL INSULATION TYPE B - REFER TO WORK SCHEDULE AND DETAILS
1t 2700	CEILING TAG- FINISH (REFER TO FINISHES SCHEDULE) HEIGHT ABOVE FFL
	SETOUT MARKER - FULL CEILING TILE

REFLECTED CEILING PLAN SYMBOLS LEGEND

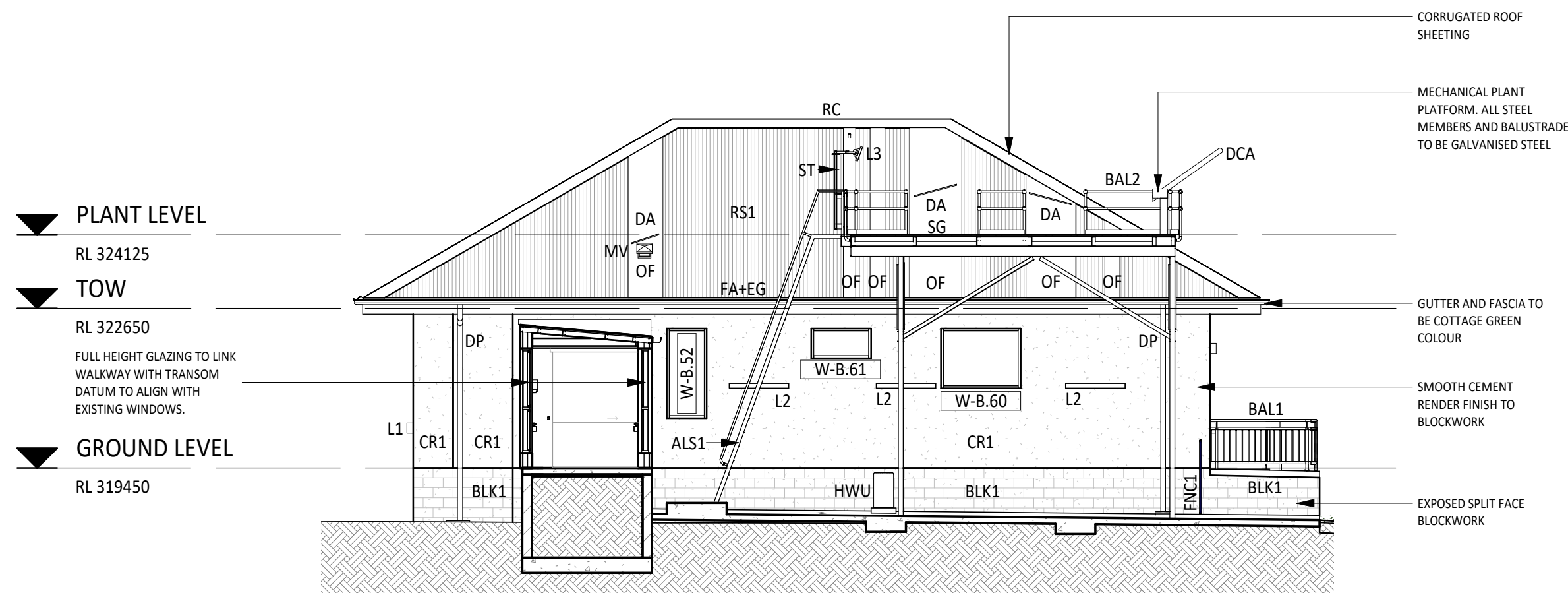
	RECESSED FLUORESCENT LUMINAIRE
	SURFACE MOUNTED LUMINAIRE
	SUPPLY AIR
	RETURN AIR
	LINEAR SLOT DIFFUSER
	EXHAUST
	EMERGENCY ILLUMINATED SIGN
AP	CEILING ACCESS PANEL

REFLECTED CEILING PLAN NOTES

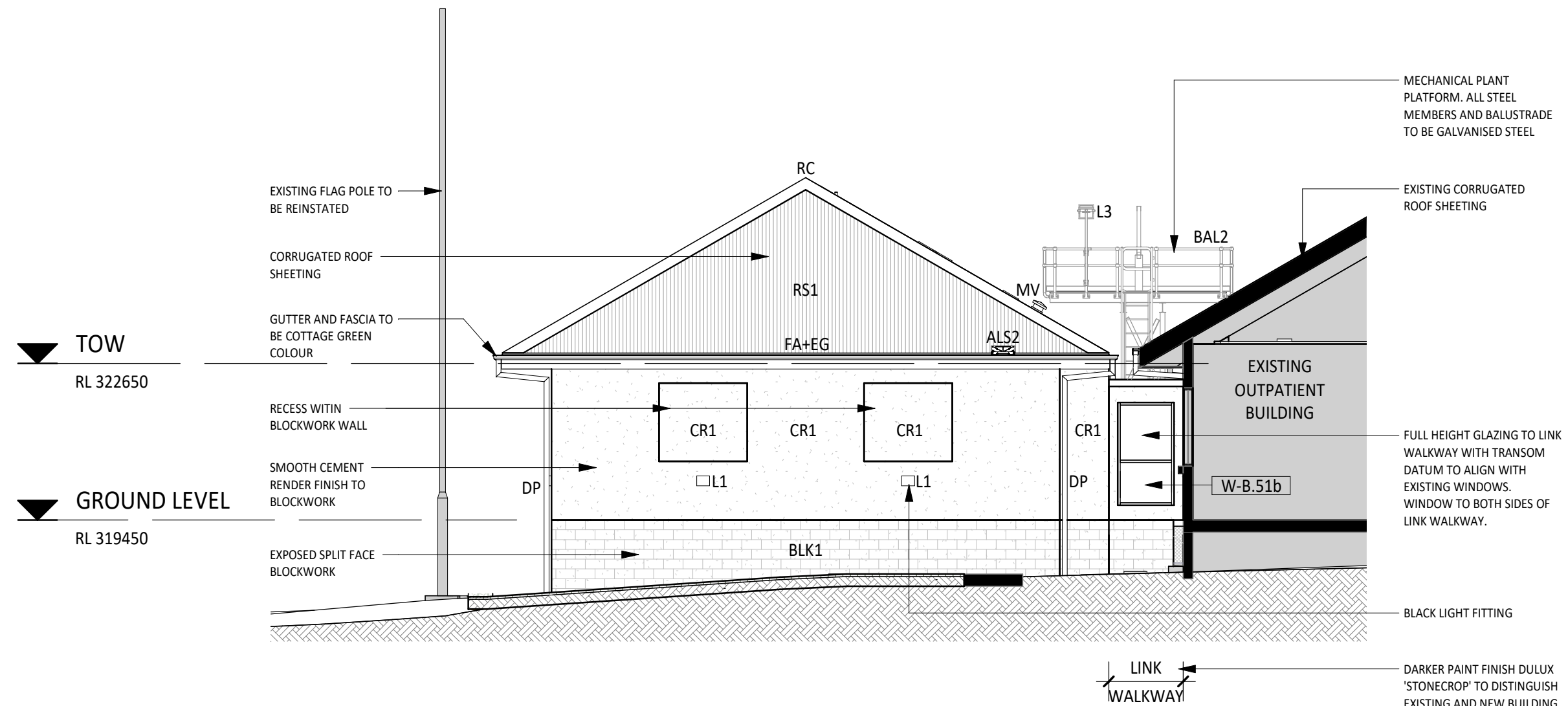
1. ALL FIXTURES TO COMPLY WITH LOCAL AUTHORITY & THE AUSTRALIAN STANDARD REQUIREMENTS.
2. REFER TO SERVICES ENGINEER'S DOCUMENTATION FOR SERVICES DISTRIBUTION AND SPECIFICATION.
3. REFER TO SERVICES ENGINEER'S DOCUMENTATION FOR LAYOUT & SWITCHING DETAILS.
4. REFER TO SERVICES DOCUMENTATION FOR ACCESS PANEL QUANTITIES FINAL LOCATIONS TO SETOUT BY ARCHITECT
5. REFER TO ROOF PLAN FOR EXTENT OF ROOF INSULATION
6. CONTRACTOR TO COORDINATE LOCATIONS OF ALL ELECTRICAL, MECHANICAL AND MEDICAL GAS SERVICES WITH ALL STRUCTURAL MEMBERS, BRACING FRAMING AND TRUSSES ON SITE

FIRE MANAGEMENT LEGEND

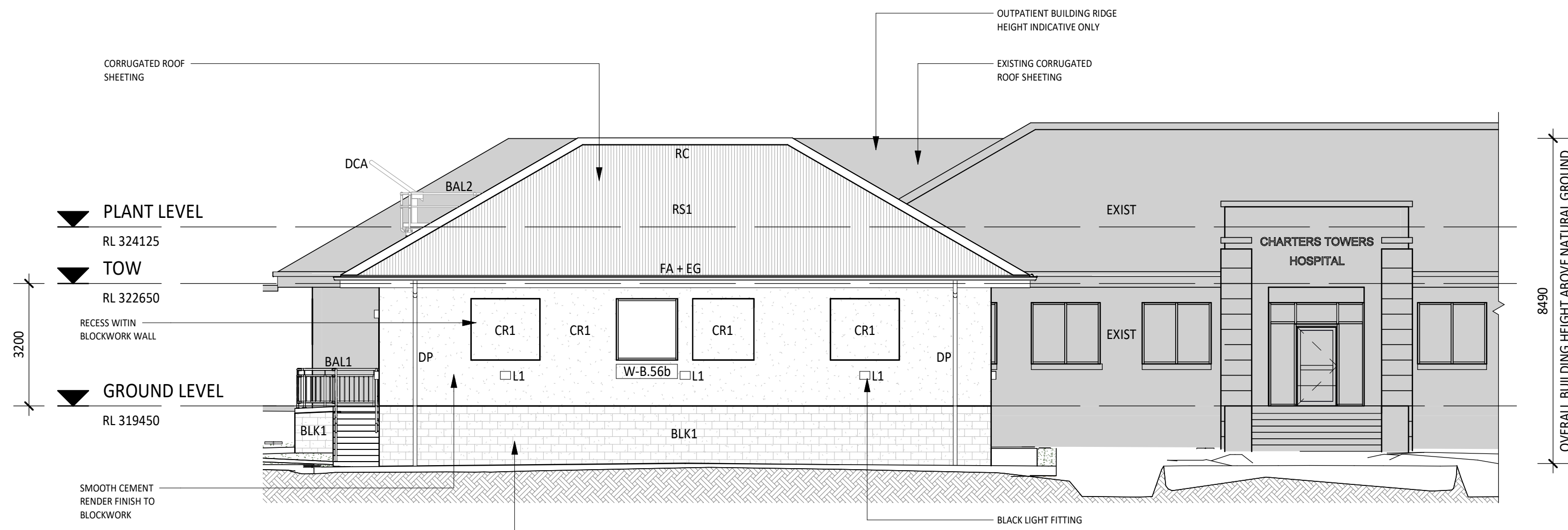
	FIRE RATED WALL - REFER TO PARTITION DETAILS FOR MORE INFO
	SMOKE COMPARTMENT WALL
	FIRE RATED CEILING
PLANS TO BE PRINTED IN COLOUR	



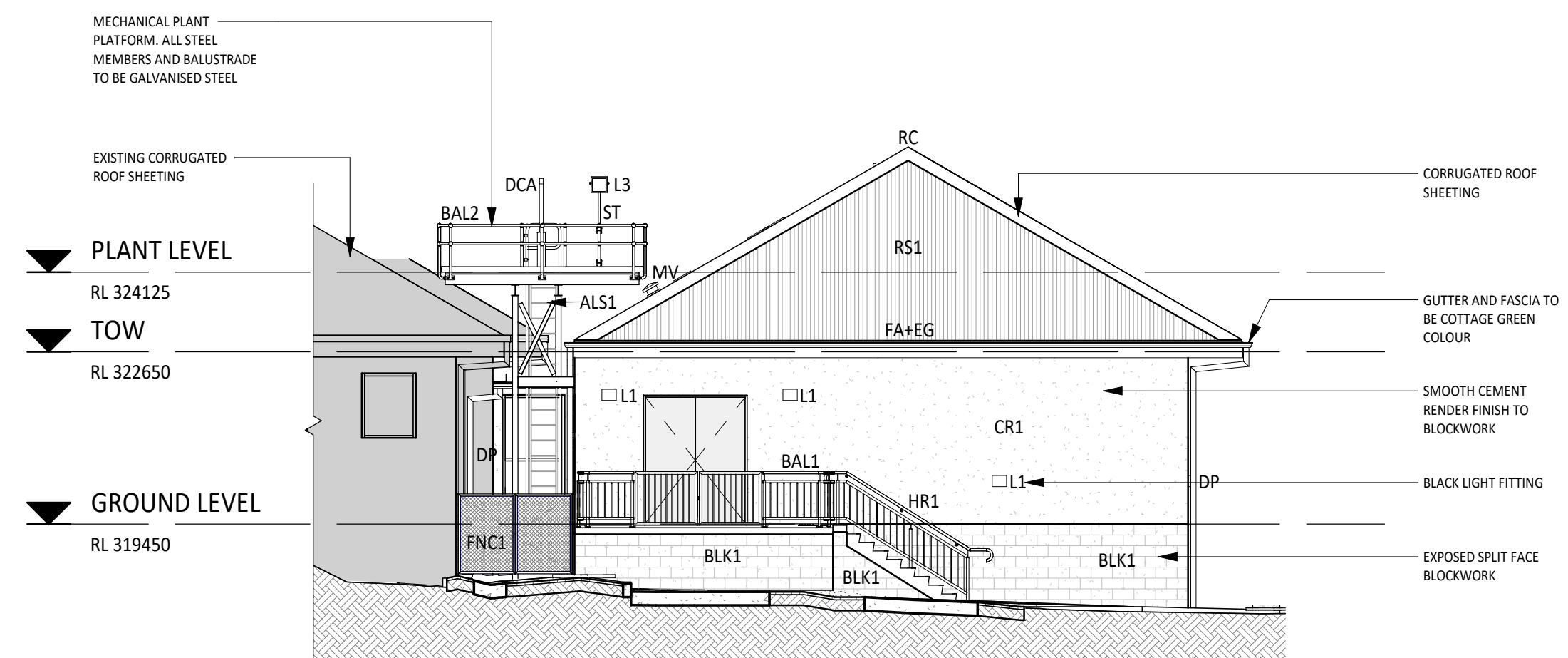
1 NORTH ELEVATION
FL-003 1 : 100



2 EAST ELEVATION
FL-005 1 : 100



3 SOUTH ELEVATION
FL-005 1 : 100



4 WEST ELEVATION
FL-003 1 : 100

EXTERNAL FINISHES

	COLORBOND CLASSIC CREAM <ul style="list-style-type: none">• ROOF SHEETING, FLASHINGS + DOWNPIPES (RS1, RC, OF + DP)• SMOOTH CEMENT RENDER PAINT FINISH TO BLOCKWORK (CR1)		POWDERCOAT DULUX WHITE <ul style="list-style-type: none">• DOOR AND WINDOW FRAMES		DULUX STONECROP <ul style="list-style-type: none">• PAINT FINISH TO LINK WALKWAY EXTERNAL WALLS
	COLORBOND COTTAGE GREEN <ul style="list-style-type: none">• FASCIA + EAVES GUTTER (FA + EG)		SPLIT FACE BLOCKWORK <ul style="list-style-type: none">• BLOCKWORK WALLS FROM GROUND-LEVEL TO BUILDING FLOOR LEVEL (BLK1)		GALVANISED STEEL <ul style="list-style-type: none">• ALL EXPOSED EXTERNAL STEEL MEMBERS (SC)• BALUSTRADES AND HANDRAILS (BAL1, BAL2 + HR)• CHAINWAIRE FENCING (FNC1)
	COLORBOND MANOR RED <ul style="list-style-type: none">• EXTERNAL DOOR LEAF COLOUR				

FINISHES LEGEND

FINISH TAG - REFER TO BELOW	
BLK1	SPLIT-FACE BLOCKWORK
CR1	CEMENT RENDER TYPE 1
ALS1	ACCESS LADDER SYSTEM TYPE 1
ALS2	ACCESS LADDER SYSTEM TYPE 2
BAL1	BALUSTRADE TYPE 1
BAL2	BALUSTRADE TYPE 2
BC	BARGE CAPPING
DA	DIVERTER ANGLE
DCA	DAVIT CRANE ARM
DP	DOWNPIPE - REFER HYDRAULIC DETAILS
EG	EAVES GUTTER - REFER HYDRAULIC DETAILS
FA	FASCIA
FNC1	FENCING TYPE 1
HWU	HOT WATER UNIT - REFER HYDRAULIC DETAILS
L1	LIGHT FIXTURE TYPE 1 - REFER ELECTRICAL DETAILS
L2	LIGHT FIXTURE TYPE 2 - REFER ELECTRICAL DETAILS
L3	LIGHT FIXTURE TYPE 3 - REFER ELECTRICAL DETAILS
MV	MECHANICAL VENT
OF	OVER FLASHING
RC	RIDGE CAPPING
RS1	ROOF SHEETING TYPE 1
SC	STRUCTURAL COLUMN - REFER STRUCTURAL DETAILS
SG	STEEL GRATING
ST	FLOODLIGHT STANCHION SYSTEM - REFER ELECTRICAL DETAILS

REFER TO ARCHITECTURAL SPECIFICATION
AND WORK SCHEDULE FOR DETAILS
PLANS TO BE PRINTED IN COLOUR

Appendix C – Heritage Impact Assessment (Stewart Armstrong Heritage 2025)

Stewart Armstrong Heritage



Charters Towers Hospital New CT Scanner Building Heritage Impact Assessment

Final 9 May 2025

Prepared for Peddle Thorp Architects on behalf of
Townsville Hospital and Health Service

Charters Towers Hospital

Document Control

Project Number	SAH 117
Project Title	Charters Towers Hospital – New CT Scanner Building – Heritage Impact Assessment
Client	Peddle Thorp Architects on behalf of Townsville Hospital and Health Service

Version	Date	Purpose
Rev0	6 May 2025	Draft for review
Rev1	8 May 2025	Revised Draft
Rev2	9 May 2025	Final for lodgement

Cover Images: Charters Towers Hospital, Peddle Thorp Architects

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ABN 18 683 510 652

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Executive Summary

Background

Stewart Armstrong Heritage Pty Ltd (SAH) was engaged by Peddle Thorp Architects, on behalf of the Townsville Hospital and Health Service (THHS), to prepare a Heritage Impact Assessment (HIA) for the proposed new CT Scanner Building (the Project) at Charters Towers Hospital (the Hospital).

Charters Towers Hospital is located at 135-139 Gill Street, Charters Towers (Lot 1 SP273222) and occupies the block between Gill Street, Boundary Street, Mary Street and High Street.

The Hospital is listed on the Charters Towers Local Heritage Register. The whole of the site is identified as a Local Heritage Place (LHP) in the Charters Towers Regional Town Plan Heritage Overlay Map (OM4.3). The Charters Towers Local Heritage Register specifically lists five buildings including the Baby Clinic (1927), which is adjacent to the proposed CT Scanner Building.

The Charters Towers Hospital is not entered in the Queensland Heritage Register (QHR). However, the Stone Kerbing, Channels and Footbridges of Charters Towers are entered in the QHR as a State Heritage Place. The significant stone kerbing and channels are located on three sides of the perimeter of the Hospital. The proposed development does not include any works to the stone kerbing and channels.

The proposed CT Scanner Building is to be located near the Gill Street entrance to the Hospital, to the south of and connecting into the Outpatients Building and to the east of the Allied Health Building (formerly the Baby Clinic). The Outpatients Building was constructed in 1954 and has been assessed as being not significant.

Options of locating the CT Scanner Building where space is available to the north and north-west of the Main Hospital Inpatients Building were investigated but were discarded because the separation of the CT Scanner from the medical imaging and emergency departments located in the Outpatient Building would cause substantial impacts to staff and patient flows, particularly in emergencies. The advice from the medical staff of the Hospital was that the proposed location adjoining the south-west end of the Outpatient Building is the only operationally appropriate location.

The CT Scanner Building is to be a single storey rectangular building with hipped corrugated steel roof and rendered masonry walls. Because of the scanning functions that will occur inside the building, windows need to be minimised. Some recesses in the external render are proposed to reflect the proportions of the windows of the Outpatients Building in a contemporary way.

Summary

The construction of the proposed CT Scanner Building will have no impacts on the significant fabric of the nearby and significant Allied Health Building (formerly the Baby Clinic).

The demolition works include:

- Removal of three trees, part of the landscape assessed as not significant.
- Removal of turf and excavation works.

The demolition works will also have no impacts on significant elements.

The proposed development also does not include any works to the stone kerbing and channels.

As the Outpatients Building has been assessed as not significant, impacts on views to this building are not impacting the heritage significance of the Hospital as a whole.

The CT Scanner Building is located to avoid impacts to the entrance pathways and landscaping in front of the Outpatients Building, although these have been assessed as not significant.

The CT Scanner Building will have some minor impacts on views to the Allied Health Building. The Allied Health Building was built to a standard design of a Baby Clinic with a formal and symmetrical front and important side elevations. The siting of the CT Scanner Building towards the rear of the Allied Health Building avoids impacts to the symmetrical east side elevation of the Allied Health Building, only blocking views to the services room to the rear. Some of the standard designs did not include this services extension, suggesting it was not key element of the design.

The character and finishes of the CT Scanner Building have been designed to reflect the Outpatients Building, as an extension to that building, to differentiate it from the significant Allied Health Building.

The proposed development is largely reversible so that if the hospital use of this place were to change in the future, the new building could be removed and the new opening to the Outpatient Building repaired so that the building site is returned to a previous state.

Information currently available suggests that the chance of significant archaeological finds during these works is low. The area was originally driveway and landscaping to the front of the 1880s Hospital building, which is likely to have been built up during the Hospital's redevelopment works in the 1950s. Nevertheless, a notification process for unexpected finds of significance should be put in place.

Responses to the Charters Towers Regional Town Plan Heritage Overlay Code are included in this HIA.

Recommendations

- The Construction Management Plan should be updated to include provisions of hoarding and fencing to protect the significant Allied Health Building during construction.
- Good quality photographs of the exterior of the Allied Health Building and the location of the new CT Scanner Building prior to works commencing should be taken and stored for future reference in a location that is readily accessible.
- A notification process for any unexpected archaeological finds of significance should be put in place.
- Should any works be near or require crossing the stone kerb and channels, they will be suitably protecting during the works to prevent damage.

Abbreviations and Definitions

Abbreviation	Definition
CMP	Conservation Management Plan
DEHP	Department of Environment and Heritage Protection (now DETSI)
DETSI	Department of Environment, Tourism, Science and Innovation (Queensland Government)
DoH	Department of Health (Queensland Government)
HEC	Exemption Certificate under the <i>Queensland Heritage Act 1992</i>
HIA	Heritage Impact Assessment
LHP	Local Heritage Place
QH Act	<i>Queensland Heritage Act 1992</i>
QHR	Queensland Heritage Register
QSA	Queensland State Archives
SAH	Stewart Armstrong Heritage Pty Ltd
SHP	State Heritage Place
THHS	Townsville Hospital and Health Service

Burra Charter Terms

Definitions of terms in the *Burra Charter: the Australia ICOMOS Charter for Places of Cultural Significance, 2013* (the Burra Charter) which are relevant to this HIA include:

- **Conservation** means all the processes of looking after a place so as to retain its cultural significance.
- **Maintenance** means the continuous protective care of the fabric and setting of a place and is to be distinguished from repair.
- **Repair** involves restoration or reconstruction.
- **Preservation** means maintaining the fabric of a place in its existing state and retarding deterioration.
- **Restoration** means returning the existing fabric of a place to a known earlier state by removing accretions or by reassembling existing components without the introduction of new material.
- **Reconstruction** means returning a place to a known earlier state and is distinguished from restoration by the introduction of new material into the fabric.
- **Adaptation** means modifying a place to suit the existing use or a proposed use.

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1. Introduction

1.1 Background

Stewart Armstrong Heritage Pty Ltd (SAH) was engaged by Peddle Thorp Architects, on behalf of the Townsville Hospital and Health Service (THHS), to prepare a Heritage Impact Assessment (HIA) for the proposed new CT Scanner Building (the Project) at Charters Towers Hospital (the Hospital) (the Project).

Charters Towers Hospital is located at 135-139 Gill Street, Charters Towers (Lot 1 SP273222) and occupies the block between Gill Street, Boundary Street, Mary Street and High Street.



Image 1. Aerial photograph of Charters Towers Hospital site with the Hospital arrowed in red (Source: Google Maps).

The Hospital is listed on the Charters Towers Local Heritage Register. The whole of the site is identified as a Local Heritage Place (LHP) in the Charters Towers Regional Town Plan Heritage Overlay Map (OM4.3). The Charters Towers Local Heritage Register specifically lists the following buildings:

- Morgue (1885).
- Morgue (1904).
- Operating Theatre (1899).
- Open Air Ward (1923).
- Baby Clinic (1927).

Also, the Stone Kerbing, Channels and Footbridges of Charters Towers are entered in the QHR as a SHP (QHR No. 6025112) (refer Section 4). The significant stone kerbing and channels is shown on the QHR heritage boundary map as being located along the Gill Street, Mary Street and High Street boundaries of the Hospital, but not along the Boundary Street side.

Townsville Hospital and Health Service (THHS), as the registered owner of the Hospital, is planning to develop the Hospital site with a new building to accommodate a new CT scanner.

The new building is located near the Gill Street frontage of the site.

2. Approach

2.1 Methodology

The methodology employed in preparing this HIA is based on the information in Charters Towers Regional Council's Heritage Town Plan Policy (SC4.3). This HIA has therefore been prepared by a heritage consultant and includes:

- A description of features and conditions of the site relevant to this proposed development.
- An assessment of the heritage values and features of the site relevant to this proposed development.
- Descriptions of where and how the proposed development will impact the heritage values and features of the site relevant.
- Mitigation measures used to ensure the heritage values and features of the site are maintained.

The following relevant resources were reviewed in the preparation of this HIA:

- Burra Charter.
- *Queensland Health Heritage Survey, Volume 2 Site Assessments* (QHHS) (Blake, Kennedy and Puller 1996) Charters Towers Regional Town Plan.
- Design in Context, Guidelines for Infill in the Historic Environment (Design in Context) (NSW Heritage Office and Royal Australian Institute of Architects 2005).
- Queensland Heritage Register (QHR 602512) (<https://apps.des.qld.gov.au/heritage-register/detail/?id=602512>).
- Queensland State Archives (QSA).
- State Library of Queensland (SLQ).
- National Library of Australia (NLA) Trove <https://trove.nla.gov.au/>.
- Charters Towers Regional Council's (Council) Regional Town Plan and Local Heritage Register (LHR).

2.2 Limitations

The following limitations were encountered in the preparation of this document:

- A site inspection was not able to be included as part of the scope of this HIA and therefore photographs are by others.
- No additional historical research was undertaken apart from reviewing the documents in the collections of the QSA and SLQ and the NLA's Trove noted in Section 3.
- The scope of this HIA does not include addressing any Indigenous cultural heritage issues that may be relevant to this project.

3. The Heritage Place

The information included in Section 3 has been summarised from the documents listed in Section 2.1 above.

3.1 Brief History

The first hospital in Charters Towers was built at a different location soon after non-Indigenous settlement of the area which developed as a result of the discovery of gold

in the district. The current hospital site was chosen soon after and temporary timber buildings were erected.

Works on more substantial and permanent buildings were completed in 1894. The Hospital's main building was a two storey brick and timber building designed by GP Connolly who was the acting Colonial Architect at the time (refer Images 2 and 3). A morgue and surgeon's quarters were also erected at this time.



Image 2. Charters Towers Hospital main building drawing 1884
(Source: QSA ITM1622652).



Image 3. Charters Towers Hospital in 1891 showing the approximate area of the proposed development arrowed
(Source: Trove <https://trove.nla.gov.au/newspaper/article/79315501>).

By the early 1890s other buildings erected on the site included nurses' quarters, children's ward (1898), operating theatre (1900), dispensary and tent ward to tuberculosis patients (1904). In 1902, the Hospital was one of the first in Queensland to install X-ray equipment.

During the 1920s, new buildings on the site included a new tent or open air ward (1923), extensions to the operating theatre (1923), male staff quarters (1925), medical officer's quarters (1926) and baby clinic (1927) (now the Allied Health Building).

A major redevelopment of the site, extending over a ten year period, commenced in the late 1940s. This included the construction of a new Outpatient Building, nurses' quarters, laundry, boiler house and medical superintendent's residence, as well as major renovations and modifications to the main building (refer Images 4 and 5).

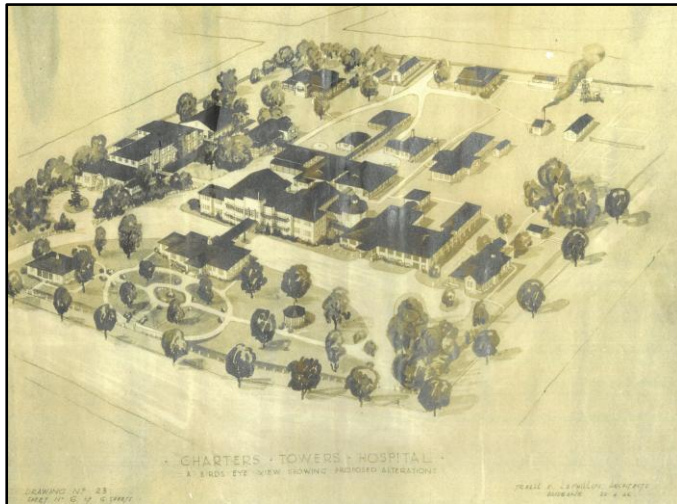


Image 4. Drawing of aerial view of proposed developments 1946 (Source: Council).

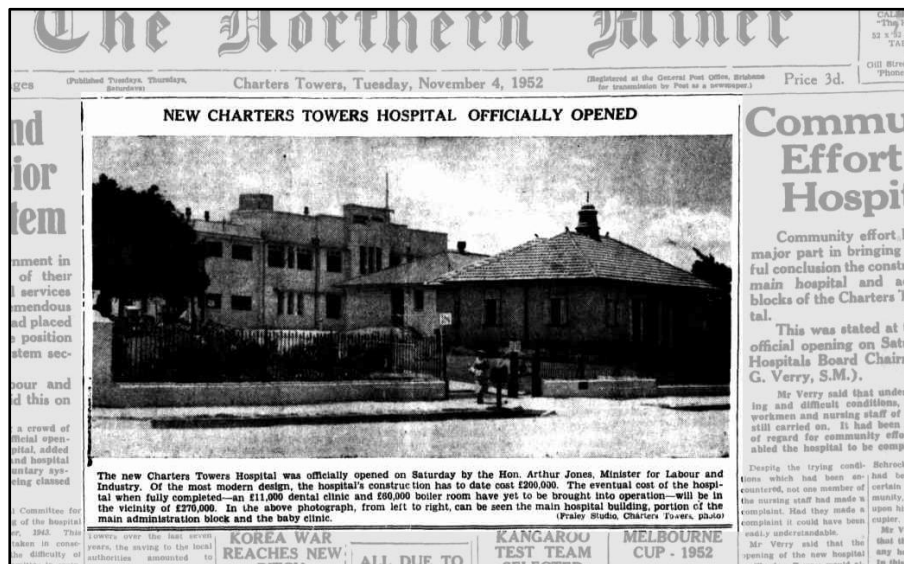


Image 5. Opening of the new Charters Towers Hospital in 1952, showing the early front fence in the foreground and the Baby Clinic on the right (Source: Trove <https://trove.nla.gov.au/newspaper/article/81563556/8115778>).

During the late 1980s, the main building was again renovated and upgraded.

In 1996, the heritage significance of the buildings of the Hospital were assessed in the *Queensland Health Heritage Survey, Volume 2 Site Assessments* (QHHS) (Blake, Kennedy and Puller 1996) (refer Section 3.4.1).

On 12 October 2022, the then Queensland Minister for Health, Yvonne D'Arth MP, released a media statement announcing funding to plan and develop a medical imaging service for Charters Towers, including a CT scanner. This would mean that patients in Charters Towers and surrounding areas would not need to travel to Townsville for scans (<https://statements.qld.gov.au/statements/96315>).

3.2 Brief Description

Charters Towers Hospital is located at 135-139 Gill Street, Charters Towers (Lot 1 SP273222) and occupies the block between Gill Street, Boundary Street, Mary Street and High Street.

The main entrance to the Hospital grounds is through a wrought iron flanked by a wrought iron palisade fence and past a circular flower bed.

The Outpatient Building, of which the CT Scanner Building is to be an addition, is a single storey rendered masonry building facing Gill Street with a hipped corrugated steel roof. It has a symmetrical south elevation and an entrance emphasised by a portal of rusticated render and lettering across the pediment. The entrance is centred on the Hospital entrance gate.

The Allied Health Building, originally the Baby Clinic (1927) and previously known as the Child Health Centre, also addresses Gill Street and is in front of the western end of the Outpatient Building. The Allied Health Building has a hipped tiled roof, now painted, and features a timber vent at the ridge. The walls are rough cast render with double casement windows and an entrance porch with rendered columns.

3.2.1 Images

Below are images of the area of the proposed development. As SAH has not been able to visit the site, the source of each image is noted below.



Image 6. Entrance gate and perimeter fence looking north-west with Outpatient Building behind right and Allied Health Building behind left (Source: Google Maps 2024).

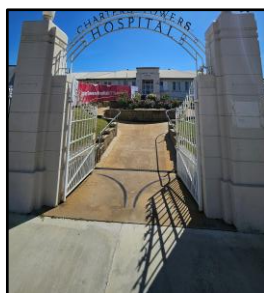


Image 7. Entrance gates with outpatient Building behind (Source: Council 2025).

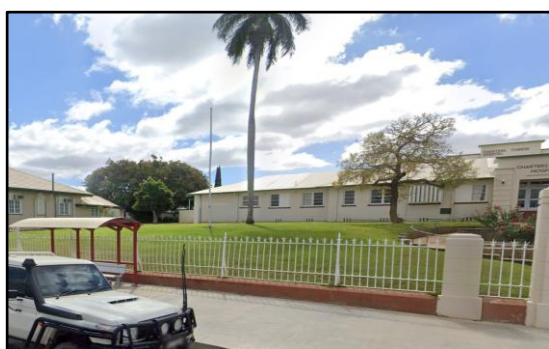


Image 8. View of the proposed location of the CT Scanner Building looking north-west with Outpatient Building (right) and Allied Health Building (left) (Source: Google Maps 2024).



Image 9. South elevation of Allied health Building (Source: Google Maps 2024).



Image 10. Outpatient Building south elevation (Source: Peddle Thorp 2019).



Image 11. View of the proposed location of the CT Scanner Building looking west with Outpatient Building (right) and Allied Health Building (behind) (Source: Peddle Thorp 2019).



Image 12. View of area of proposed work for main switchboard (MSB), generator and fuel tank looking east (Source: Google Maps 2014).

3.3 Significance

The whole of the Hospital site is shown as a Local Heritage Place (LHP) in the Charters Towers Regional Town Plan Heritage Overlay map (refer Section 4).

The Charters Towers Local Heritage Register (LHR) lists five buildings of significance as meeting Criterion 1:

- Morgue (1885).
- Morgue (1904).
- Operating Theatre (1899).
- Open Air Ward (1923).
- Baby Clinic (1927).

The LHR does not include statements of significance. These five buildings were assessed in the *Queensland Health Heritage Survey, Volume 2 Site Assessments* (QHHS) (Blake, Kennedy and Puller 1996) as being significant. The QHSS also includes statements of significance for these five buildings, including the Baby Clinic (1927) (refer below).

The Outpatients Building, of which the CT Scanner Building is an extension, was assessed in the QHSS as being not significant.

3.4.1 Queensland Health Heritage Survey (QHHS)

The QHHS contains an assessment of the heritage significance of the buildings of the Charters Towers Hospital. The five buildings assessed in the QHHS as being significant (refer Image 13) are also those listed in the LHR.

The Baby Clinic (1927) as listed in the LHR is noted in the QHHS as the Child Health Centre, which was in use at that time. The Baby Clinic was its original use and is related to its significance.

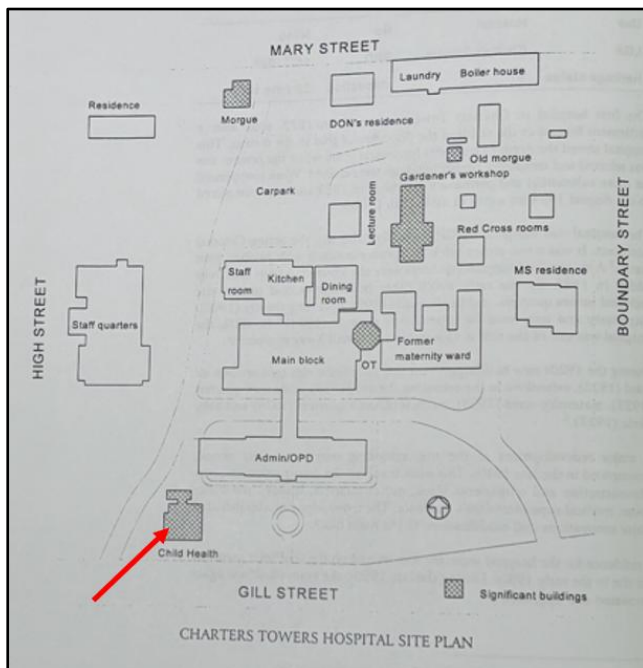


Image 13. Charters Towers Hospital Site Plan showing buildings of significance hatched and the Child Health Centre (now the Allied Health Building) arrowed (Source: QHHS page NT10/2).

The QHHS also includes information on the Child Health Centre (former Baby Clinic) (QHHS pages NT10/10 and 11). Extracts from that information are included below:

The building was erected in 1927 as a baby clinic. It was one of eleven similar baby clinics built in provincial centres throughout Queensland between 1924 and 1929 following the Maternity Act of 1922.

Whereas all other clinics erected in the 1920s were all individual sites, the Charters Towers clinic was the only one to be erected in the grounds of a hospital. The clinic was based on a standard plan prepared by the Department of Works. The building was constructed of reinforced concrete with a rough cast finish, tiled hipped roof with decorative ventilator. Two pairs of plain concrete columns flanked the entrance porch, a large waiting room occupied the centre of the building. The other rooms included doctor's room, retiring room, treatment room and small quarters for the nurse.

The building is substantially intact with most of the internal fittings, terra cotta tiled roof and distinctive vent surviving, a light partition has been inserted in the main waiting room. A small extension has been added at the rear.

Significant. This building is significant in demonstrating the development of infant welfare services in Queensland during the 1920s. Of the eleven clinics erected according to the standard plan, two have been demolished. The surviving buildings demonstrate an important chapter in the development of infant welfare policy in Queensland.

Also of relevance, the QHHS assessed the Administration/Outpatients Block as being not significant. The QHHS notes that this building was erected in 1952 as part of a major redevelopment of the site at that time. It is not unusual and does not demonstrate any significant aspects of the history of the Hospital.

The QHHS also assessed the front fence and gate, erected in the 1880s, as significant as a remnant of the initial development of the site and contributes to the townscape of Charters Towers. However, the front fence and gate are not listed in the LHR.

The QHHS mentions the grounds and landscaping but does not identify any as significant.

3.4.2 Baby Clinic Standard Plans

As noted in Section 3.4.1 above, the Charters Towers Baby Clinic was based on a standard plan of the time. A search of the Queensland State Archives (QSA) records for this HIA did not locate a plan for the Charters Towers Baby Clinic but did locate several other versions of the standard plan (refer below).

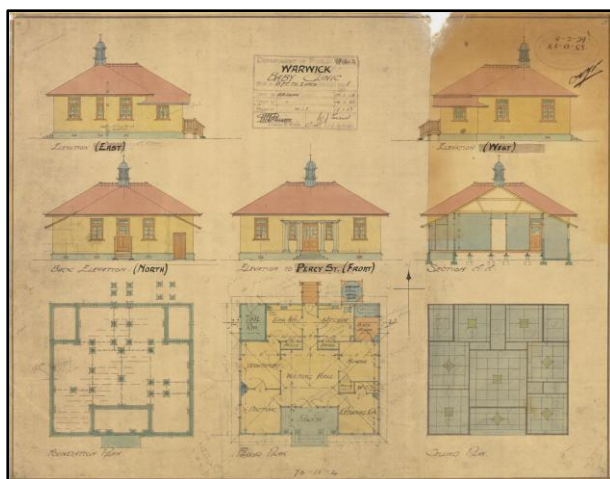


Image 14. Warwick Baby Clinic 1923
(Source: QSA ITM1430502).

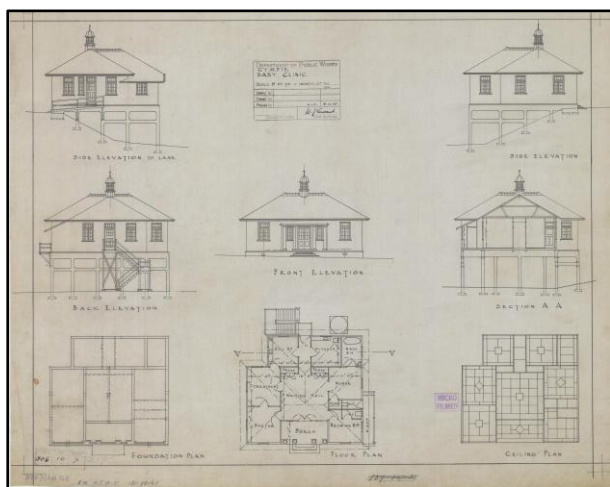


Image 15. Gympie Baby Clinic 1925
(Source: QSA ITM582552).

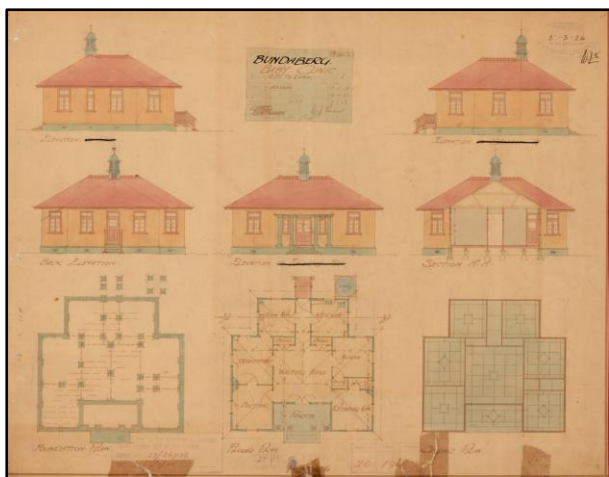


Image 16. Bundaberg Baby Clinic 1923
(Source: QSA ITM582535).

It is interesting to note that the front of the Baby Clinics are all very similar in design. However, the sides, particularly towards the rear, differ with each drawing with an example of service rooms on both sides (Warwick), on one side (Gympie) and not on either side (Bundaberg).

3.4 Significant Views

As there is currently no current Conservation Management Plan for the Hospital or its buildings, no significant views have been previously identified. Consequently, significant views relevant to this proposal have been identified as part of this HIA.

The entrance gate (although not identified as significant in the QHHS) is early and the view from it to the garden and the Outpatient Building is significant.

Views to the Allied Health Building from Gill Street and from the Hospital entrance pathway are significant.



Image 17. Aerial photograph showing significant views relevant to this proposal (Source: Google Maps).

4. Heritage Constraints

4.1 Town Plan

The Charters Towers Regional Town Plan includes the Heritage Overlay Code (Section 7.2.3). The purpose of the Heritage Overlay Code is to ensure:

- (a) local cultural heritage places throughout the Charters Towers region are conserved for present and future generations;
- (b) development is compatible with the cultural heritage significance of the local heritage place; and
- (c) any development and works undertaken is consistent with the Burra Charter.

An assessment of the proposed CT Scanner Building against the Performance Outcomes in the Heritage Overlay Code is included in Section 6.

The relevant area of the Heritage Overlay Maps is shown in Image 18 below. The whole of the Hospital is identified as a Local Heritage Place (LHP) in the Charters Towers Regional Town Plan Heritage Overlay Map (OM4.3). It also shows parts of the perimeter of the Hospital site entered in the Queensland Heritage Register as a SHP (refer Section 4.5)

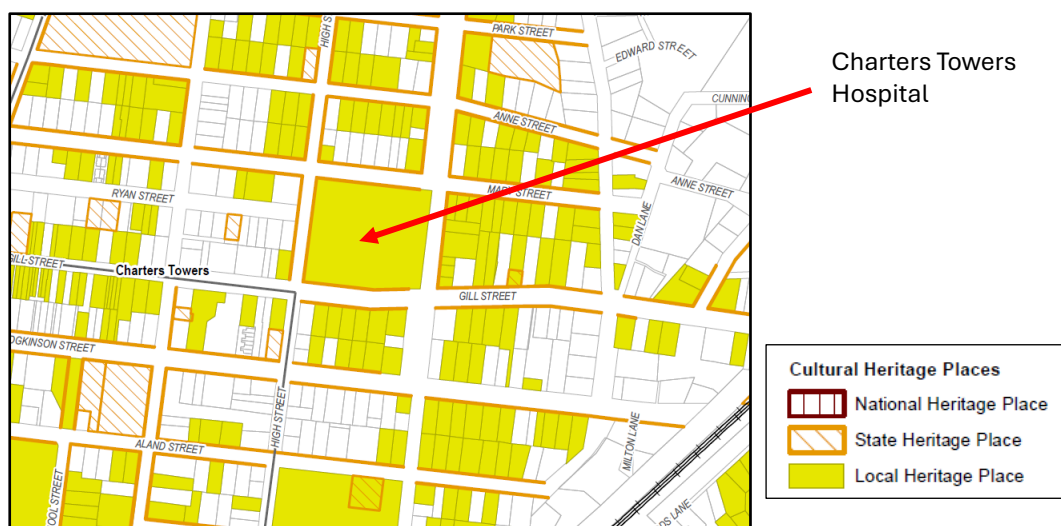


Image 18. Charters Towers Regional Town Plan Heritage Overlay Map OM4.3 showing Hospital (arrowed in red) shaded as a LHP and the SHP of the stone kerbing and channelling shown on three sides of the Hospital site in orange

(Source: <https://www.charters Towers.qld.gov.au/downloads/file/683/heritage-overlay>).

The Hospital is listed on the Charters Towers Heritage Register. The Charters Towers Local Heritage Register specifically lists the following buildings:

- Morgue (1885).
- Morgue (1904).
- Operating Theatre (1899).
- Open Air Ward (1923).
- Baby Clinic (1927).

4.2 Queensland Heritage Register

While the Charters Towers Hospital is listed on the Charters Towers Local Heritage Register, not the Hospital nor any of its buildings are entered in the Queensland Heritage Register (QHR) (refer Image 19).

Also, the Stone Kerbing, Channels and Footbridges of Charters Towers are entered in the QHR as a SHP (refer Image 20). The significant stone kerbing and channels is shown on the QHR herniate boundary map as being located along the Gill Street, Mary Street and High Street boundaries of the Hospital, but not along the Boundary Street side.

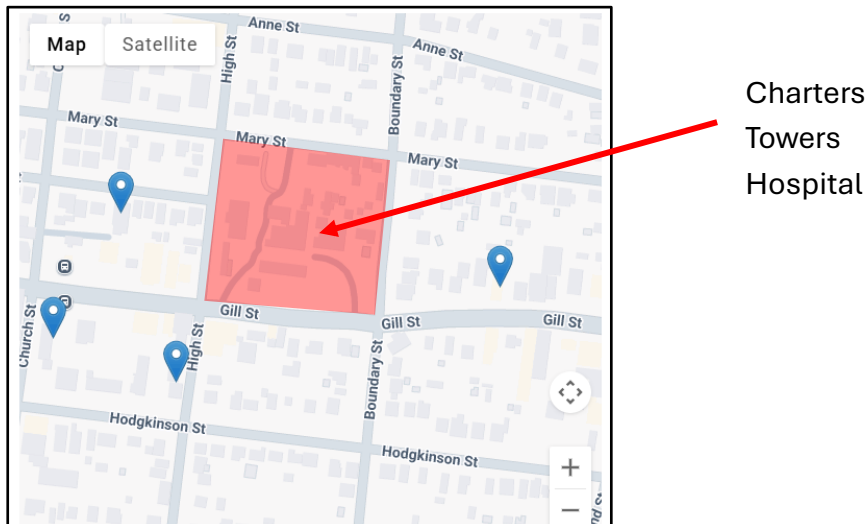


Image 19. QHR SHP locations shown in blue, with no SHPs shown for the Hospital site arrowed and shaded in red (Source: QHR map <https://apps.des.qld.gov.au/heritage-register/map/>).

However, of relevance is the Stone Kerbing, Channels and Footbridges of Charters Towers that is entered in the QHR as a SHP (QHR No. 602512). The significant stone kerbing and channelling is located along three of the four street frontages of the Hospital.

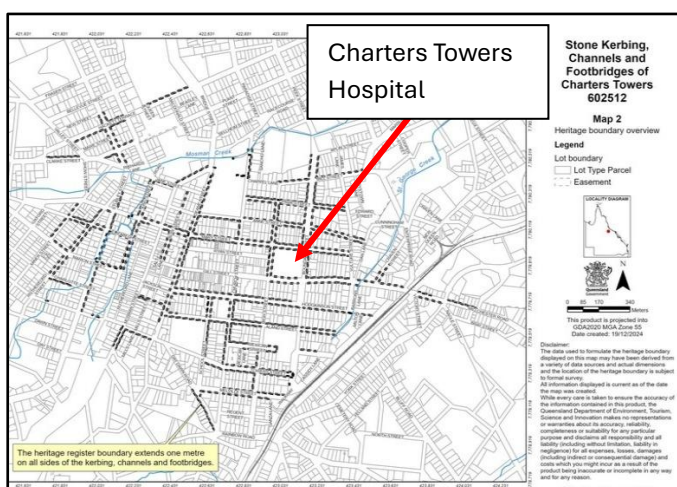


Image 20. Locations of SHP 602512 Stone Kerbing, Channels and Footbridges of Charters Towers shown as black broken lines on three sides of the Charters Towers Hospital which is arrowed in red (Source: QHR 602512).

5. Proposed Development

5.1 Proposed Development

The proposed development include the construction of a new CT Scanner Building as an extension to the existing Outpatient Building. It is a rectangular building with a hipped corrugated steel roof and rendered masonry walls. The entrance is through a new link from the south elevation of the Outpatient Building into the north elevation of the new building. There is also an exit on the west elevation of the new building.

The proposed development also includes works associated with a main switchboard (MSB), generator and fuel tank. There is also a builder's laydown area in the vicinity of the electrical works that is not near any of the heritage buildings.

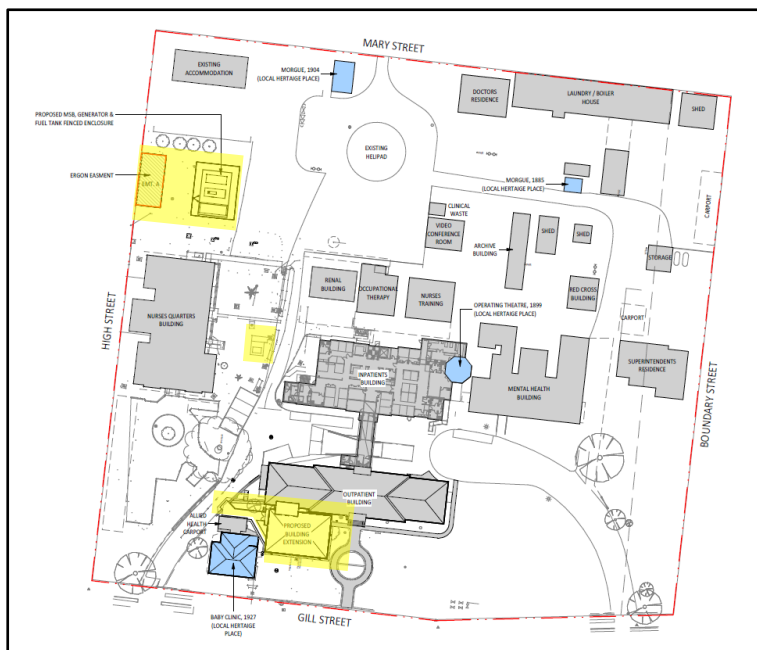


Image 21. Site Plan showing approximate areas of proposed development shaded in yellow and heritage buildings shaded in blue (Source: Peddle Thorp drawing SK-01).

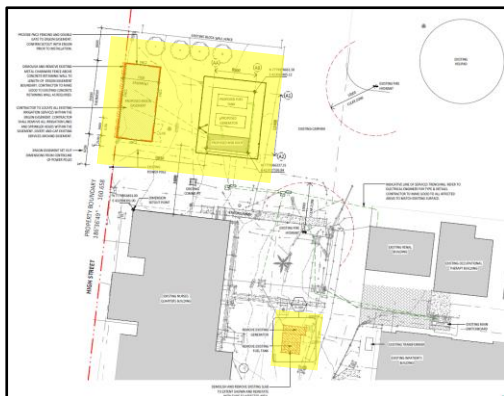


Image 22. Detail Plan of proposed development associated with the main switchboard (MSB), generator and fuel tank works (Source: Peddle Thorp drawing 010099-193580-CTHC-G-A-SI-003).

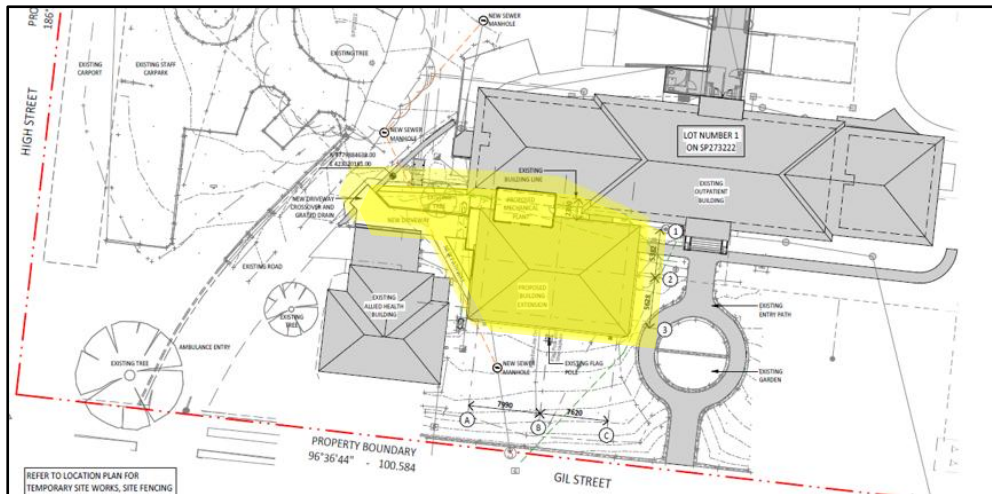


Image 23. Detail Plan with approximate area of proposed CT Scanner Building shaded in yellow (Source: Peddle Thorp drawing 010099-193580-CTHC-G-A-SI-002).

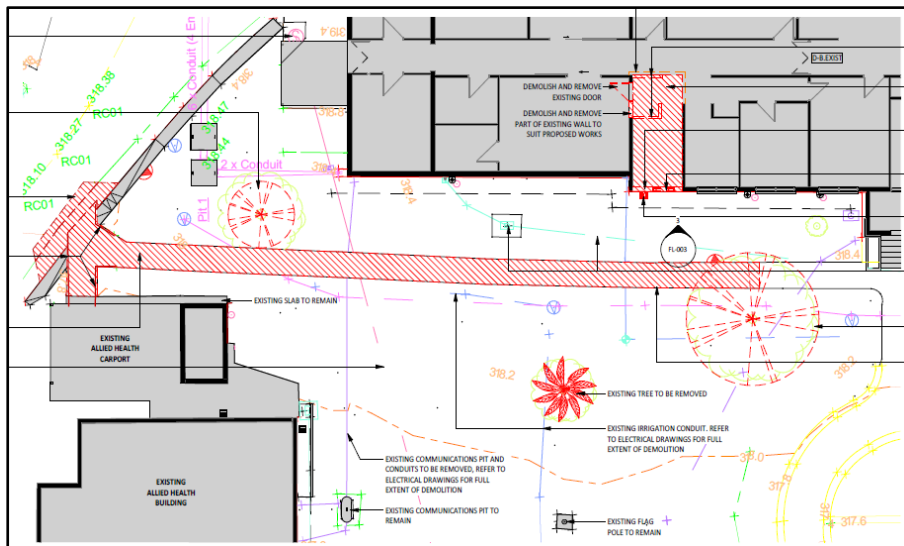


Image 24. Demolition Plan showing removal of three existing trees (Source: Peddle Thorp drawing 010099-193580-CTHC-G-A-FL-003)

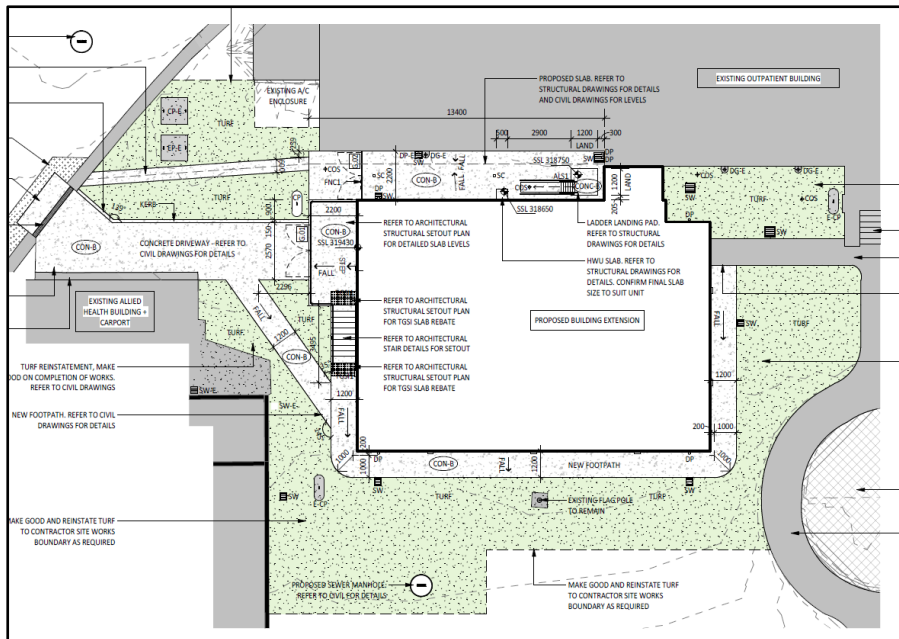
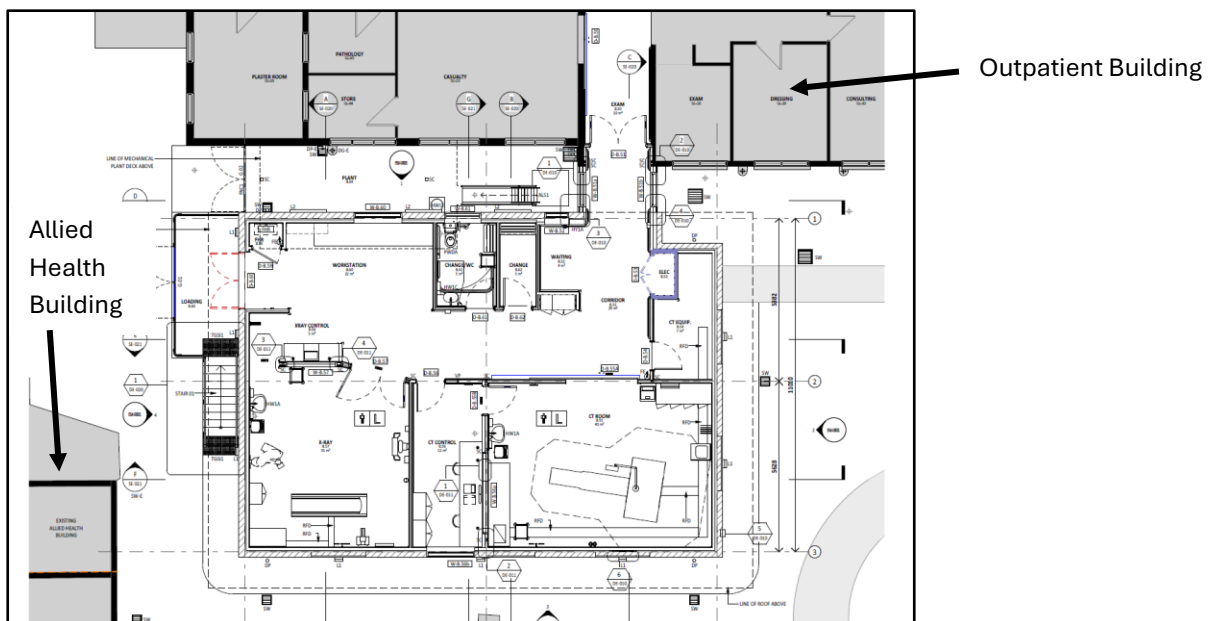


Image 25. External Works Plan
(Source: Peddle Thorp drawing 010099-193580-CTHC-G-A-FL-002).



**Image 26. Floor Plan of proposed CT Scanner Building
(Source: Peddle Thorp drawing 010099-193580-CTHC-G-A-FL-005).**

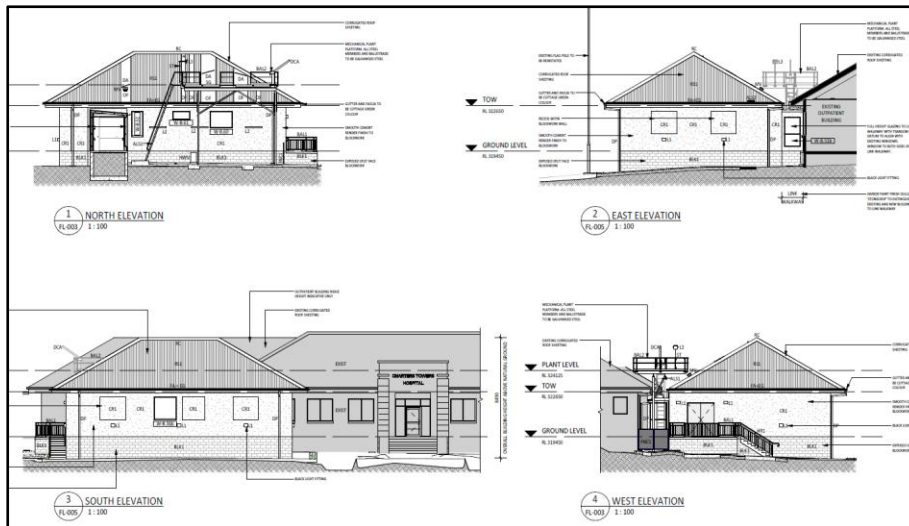


Image 27. Elevations (Source: Peddle Thorp drawing SK-03).

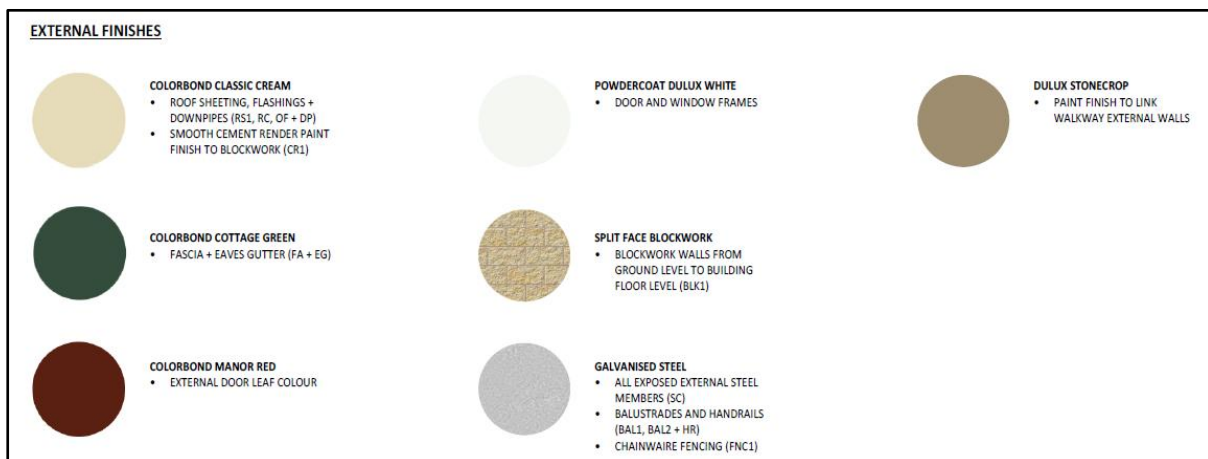


Image 28. External Finishes (Source Peddle Thorp drawing SK-03).

5.2 Location and Orientation Options Considered

During earlier design phases, alternate layouts and locations were investigated in response to the following site conditions:

- Connection to the existing Outpatient Building (noting the plaster room, pathology, store and casualty room could not be impacted during construction as this would affect the existing services of the Hospital).
- Connection to the existing medical imaging department located at the western end of the Outpatient Building.
- Connection to existing emergency department in the Outpatient Building, particularly the need for rapid services for emergency patients.
- Minimising impacts on emergency vehicle access to the emergency department.
- The symmetry and aspect of the main entry of the Hospital from the entry gate to the entrance to the Outpatient Building.
- Location of the adjacent Allied Health Building which is a local heritage building.
- Fire rating impacts in accordance with the National Construction Code (NCC).
- The existing fall of the ground from the south side of the Outpatient Building towards Gill Street.

- Impacts of the new building's orientation, parallel or perpendicular to the Outpatient Building.
- Maintaining as much green open space as possible in between the front of the Outpatient Building and Gill Street.

Currently, the Hospital's medical imaging and emergency service departments operate within the Outpatient Building. The existing medical imaging department is currently located at the western end of the Outpatient Building.

Initial options considered in 2018 were to the north and north-west of the Main Hospital Inpatients Building (refer Image 29). While these locations had space for the new building, they were substantially separated from the Outpatient Building where the medical imaging and emergency service departments are located and were therefore discarded as options.

Locating the CT Scanner Building as a standalone building elsewhere on the site would have resulted in disconnected patient and staff movements across the site affecting current operations and impacting critical patient care. Co-locating the proposed CT Scanner room within the medical imaging department in the Outpatient Building means these flows can be maintained, which are particularly important during emergencies.

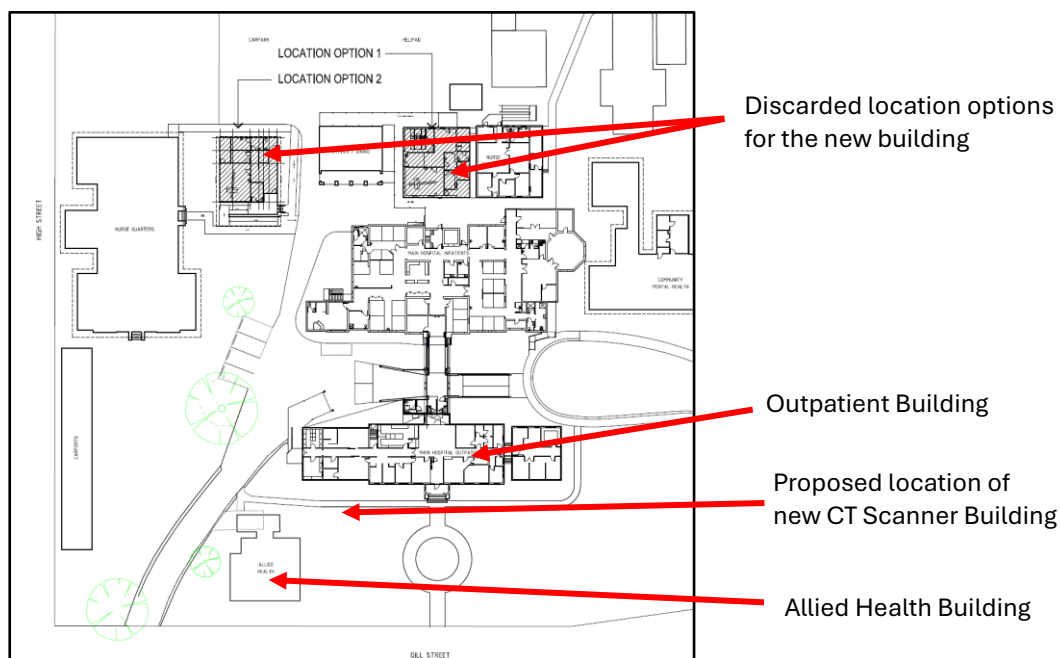


Image 29. Site Plan showing previous discarded location options (Source: RPA Architects drawing 2522/6/CD01 2018).

Further location options were investigated to the north and west of the Outpatient Building. These options were discarded as they substantially compromised emergency vehicle access to the emergency department and affected the functionality and operation of the Hospital.

The decision was then made to locate the proposed CT Scanner Building as an extension to the south-west end of the existing Outpatient Building to provide CT Scanner and x-ray imaging services. This location is adjacent to the medical imaging and emergency departments and results in the consolidation of existing patient, staff and equipment flows.

Once the current location at the south-west end of the Outpatients Building was decided, options for the orientation of the new CT Scanner Building were investigated (refer Images 30, 31, 32). These 'L' shaped options were then discarded in favour of the current rectangular option. The current option reduces the impact on views to the east elevation of the Allied Health Building and has less impact on the turfed open space to the south-west of the entrance to the Outpatient Building.

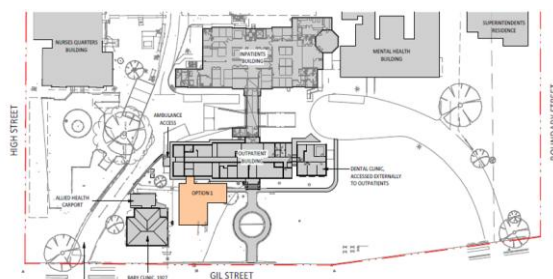


Image 30. Option 1 - orientation of the new building (Source: Peddle Thorp drawing SK-05).



Image 31. Option 2 - orientation of the new building (Source: Peddle Thorp drawing SK-05).

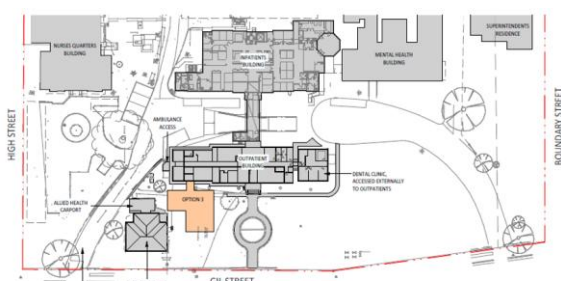



Image 32. Option 3 - orientation of the new building (Source: Peddle Thorp drawing SK-05).




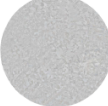

5.3 Design Considerations

The Outpatients Building has a symmetrical facade with an accentuated entrance centred on the front gates. The proposed development is located to avoid impacts on the entrance pathway or gardens.

The design of the CT Scanner Building includes elements to reflect the adjoining Outpatient Building, refer to the table below.

Table 1. Design Considerations

Element	Design Considerations	Finishes Image
Roof pitch and materials, gutter height	<p>The roof materials and gutters are to match the adjoining Outpatient Building.</p> <p>The roof pitch is similar to the Outpatient Building.</p> <p>The Allied Health Building has a tiled roof which was originally terra cotta but has been painted to match other buildings of the Hospital precinct.</p>	 <p>COLORBOND CLASSIC CREAM</p> <ul style="list-style-type: none"> • ROOF SHEETING, FLASHINGS + DOWNPIPES (RS1, RC, OF + DP) • SMOOTH CEMENT RENDER PAINT FINISH TO BLOCKWORK (CR1)

Fascia and eaves gutter	To match the adjoining Outpatient Building and other buildings of the Hospital precinct.	 <p>COLORBOND COTTAGE GREEN</p> <ul style="list-style-type: none"> FASCIA + EAVES GUTTER (FA + EG)
External wall finish	Smooth render to match the adjoining Outpatient Building (the dotted hatching of the elevation drawings is to identify extent). The Allied Health Building external wall finish is rough cast.	 <p>COLORBOND CLASSIC CREAM</p> <ul style="list-style-type: none"> ROOF SHEETING, FLASHINGS + DOWNPIPES (RS1, RC, OF + DP) SMOOTH CEMENT RENDER PAINT FINISH TO BLOCKWORK (CR1)
Windows and recesses	Due to the scanning uses of the new CT Scanner Building, only one window is required. Recesses in the external visible elevations to the south and east reflect the rhythm and proportions of the windows to the south elevation of the Outpatient Building.	
Blockwork base courses	The base courses of split face concrete blockwork are light stone coloured and reflect the nearby garden walls of the entry pathways.	 <p>SPLIT FACE BLOCKWORK</p> <ul style="list-style-type: none"> BLOCKWORK WALLS FROM GROUND LEVEL TO BUILDING FLOOR LEVEL (BLK1)
Roof access platform	The roof access platform and ladder are at the rear of the new CT Scanner Building and in the space between the two buildings. The unpainted galvanised finish minimises its visual impacts.	 <p>GALVANISED STEEL</p> <ul style="list-style-type: none"> ALL EXPOSED EXTERNAL STEEL MEMBERS (SC) BALUSTRADES AND HANDRAILS (BAL1, BALZ + HR) CHAINWAIRE FENCING (FNC1)
Link	The external walls of the link from the Outpatient Building into the new CT Scanner Building are coloured a darker shade to make the original form of the Outpatient Building and the separation of the new CT Scanner Building more legible.	 <p>DULUX STONECROP</p> <ul style="list-style-type: none"> PAINT FINISH TO LINK WALKWAY EXTERNAL WALLS

6. Impact on Significance

6.1 Summary

The proposed CT Scanner Building will have some minor impacts on the Hospital as a local heritage Place, as part of its ongoing use.

The proposal will have no physical impacts on any of the significant buildings identified in the LHR.

There are no works to the stone kerbing and channels included in the proposed development.

The proposed CT Scanner Building will have some minor impacts on views to the rear part of the east elevation of the Allied Health Building (formerly the Baby Clinic 1927) which is a significant building. The views from Gill Street to the rear service room of the east elevation will be blocked from some locations and views to the east elevation from further along Gill Street and the corner of Boundary Street are already blocked by existing trees.

The works associated with the new main switchboard (MSB), generator and fuel tank are located in an area which is not near any of the significant buildings (refer Image 22) and will not have an impact on views to or from any heritage buildings.

The temporary builder's laydown areas are not located near any of the heritage buildings of the Hospital. The Allied Health Building will be protected with hoarding and fencing during construction to prevent it being damaged.

6.2 Measures to Minimise and Mitigate Impacts

The measures to minimise and mitigate the impacts of the proposed development on the significant Allied Health Building include:

- Setting back the south elevation of the new building as far back from the street alignment and front fence as possible to minimise impacts on views to the east elevation of the Allied Health Building.
- Reflecting the form, materials and colours of the adjoining Outpatients Building to read as an extension of that building and not reflecting the significant Allied Health Building.
- Using contemporary materials and detailing to be legible as a building of its time and not copying historical details.
- The proposed development is largely reversible so that if the hospital use of this place were to change in the future, the new building could be removed and the new opening to the Outpatient Building repaired so that the building site is returned to a previous state.

6.2.1 Recommendations

- The Construction Management Plan should be updated to include provisions of hoarding and fencing to protect the significant Allied Health Building during construction.
- Good quality photographs of the exterior of the Allied Health Building and the location of the new CT Scanner Building should be taken and stored for future reference.
- A notification process for any unexpected archaeological finds of significance should be put in place.

- Should any works be near or require crossing the stone kerb and channels, they will be suitably protecting during the works to prevent damage.

6.3 Impacts on Significant Views

With no current CMP in place for the Hospital as a whole nor for the Allied Health Building as a significant building, the significance of views relevant to this proposed development is included in Section 3.4 of this HIA.

The views to the front south elevation and the symmetrical side elevations of the Allied Health Building are identified as significant in this HIA and these views are retained from the public spaces. A small section of the rear of the east elevation of the Allied Health Building will be blocked by the proposed development.

The proposed development has been orientated to retain the views to the front section of the east elevation and only partially blocking the views to the rear section.

The QHHS notes that the Allied Health Building was constructed as a Baby Clinic to a standard plan of the period. Section 3.4.2 of this HIA includes other standard plans for Baby Clinics in the 1920s. It shows that some of the buildings had service rooms added to the rear on both sides (Warwick), some to one side (Gympie) and some had none (Bundaberg). This suggests that the addition of service rooms to the rear was not a substantial consideration when designing the side elevations.

It is only the view to the east elevation of the rear service room that is blocked by the proposed development.



Image 33. East elevation of Allied Health Building with symmetrical front section left of red line and service room to the right (Source: Peddle Thorp 2019).



Image 34. View to entrance to Allied Health Building partially blocked with vegetation (Source: Council 2025).



Image 35. South elevation of the Outpatient Building (Source Peddle Thorp 2019).

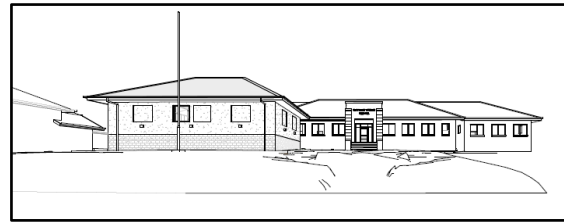


Image 36. Similar view looking north with proposed development blocking view to western end of south elevation of Outpatients Building (not significant) but retaining views to the main entrance and front landscaping (Source: Peddle Thorp drawing SK-04).



Image 37. View looking north to the front of the Allied Health Building with the front south elevation of the Outpatient Building right (Source: Google Maps 2024).

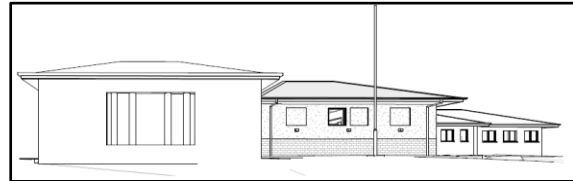


Image 38. Similar view looking north with proposed development behind the Allied Health Building but blocking views to the main entrance of the Outpatient Building (Source: Peddle Thorp drawing SK-04).



Image 39. Looking north-west towards the location of the proposed development with Outpatient Building right and Allied Health Building left (Source: Google Maps 2024).



Image 40. Similar view looking north-west with proposed development shown blocking views to the rear section of the east elevation of the Allied Health Building only (Source: Peddle Thorp drawing SK-04).

6.4 Heritage Overlay Code

The Charters Towers Town Plan Heritage Overlay Code (Section 7.2.3) includes a table outlining accepted development subject to requirements and assessable development (Table 7.2.3.3). Responses to the Performance Outcomes and Acceptable Outcomes of the Heritage Overlay Code are included in the table below.

Table 2. Responses to Heritage Overlay Code

Performance Outcomes	Acceptable Outcomes	Responses
Operational work where an Advertising device		
PO1 The visual appearance of advertising devices and signage: (a) is unobtrusive and does not dominate the building or streetscape; and (b) protects the historic character.	AO1 Signage and advertising devices comply with the section 4.3.3 of the Heritage Town plan policy.	The proposed CT Scanner Building does not include any signage or advertising devices.
Assessable development		
Demolition or removal within a Local heritage place		
PO2 Any demolition must: (a) not result in the loss of the cultural heritage significance of the heritage place; or (b) demonstrate the building or structure to be demolished is not capable of structural repair and represents a safety hazard; or (c) ensure that part of the local heritage place is not of cultural heritage significance. Editor's note–PO2(b) will require the preparation and submission of an Engineering report by a suitably qualified professional (Registered Practicing Engineer of Queensland) that demonstrates the building or structure is structurally unsound, represents a public safety risk and is beyond reasonable repair.	No acceptable outcome is nominated.	The proposed CT Scanner Building does not include any demolition of significant building fabric. The demolition works is limited to: <ul style="list-style-type: none"> • The removal of three trees to the south of the Outpatient Building. • The removal of turf and excavation works to the south of the Outpatients Building. • The removal of small concrete ground slabs located away from the heritage buildings of the site. This demolition works will not result in the loss of heritage significance of the of the Hospital.
Development within a Local heritage place		
PO3 Development is compatible with the conservation and management of the cultural heritage significance of the Local heritage place.	No acceptable outcome is nominated.	The significant buildings of the Hospital are all retained. The proposed development is compatible with the management of the significance of the significant buildings of the Hospital.
PO4 Development does not adversely affect the heritage significance of the heritage place and is compatible with its heritage values including: (a) maintaining views to and from the heritage place where significant;	No acceptable outcome is nominated.	The proposed development does not adversely impact the heritage significance of the Allied Health Building. The proposed development is compatible with the ongoing use of the place as a Hospital. (a) The proposed development will only have minor impacts on views

<p>(b) consistency with the character, setbacks, setting or appearance of the heritage place;</p> <p>(c) minimising for overshadowing on to the heritage place;</p> <p>(d) avoiding altering, removing or concealing significant heritage features;</p> <p>(e) avoiding the removal of significant established trees and vegetation; and</p> <p>(f) consistency with open space and landscaping features.</p>		<p>to the significant Allied Health Building. Refer to Section 6.3.</p> <p>(b) The proposed development is consistent with the character, setbacks, setting and appearance of the Hospital generally, while differentiating itself from the significant Allied Health Building.</p> <p>(c) The CT Scanner Building is a single storey building so any minimal overshadowing will be to the rear part of the east elevation only.</p> <p>(d) No significant features of the Allied Health Building will be altered or removed. The more significant front section of the Allied Health Building will remain visible and only a small section of less significant rear section will be partly concealed by the proposed development.</p> <p>(e) Three trees in front of the Outpatient Building will be removed as part of the development. The QHHS assessed the landscaping and trees as not significant.</p> <p>(f) The landscaping features of the circular garden bed and pathways at the entrance to Hospital are retained and are not impacted. The flagpole is also retained. The open space on the east side of the entrance is retained and the open space on the south side of the flagpole towards the street is also retained.</p>
<p>P05</p> <p>Any reconfiguring a lot:</p> <p>(a) does not diminish the cultural significance of the local heritage place including maintaining its historical context, landscape settings and consistency with the prevailing built environment;</p> <p>(b) reflects the pattern and layout of the original subdivision in the area; and</p> <p>(c) does not reduce public access to the local heritage place.</p>	<p>No acceptable outcome is nominated.</p>	<p>The proposed CT Scanner Building does not include any reconfiguration of lots.</p>
<p>Carrying out building work (where not demolition), operational work or other works within a Local heritage place</p>		
<p>P06</p> <p>Building work incorporates design elements which are compatible</p>	<p>No acceptable outcome is nominated.</p>	<p>The elements of the new building have been designed to reflect the elements of the adjoining Outpatients Building</p>

with the values of the heritage place in terms of: (a) architectural features; (b) external materials; and (c) finishes and colours.		and differentiate it from the significant Allied Health Building. Refer to Section 5.3.
PO7 Excavation or other earthworks do not create an adverse impact on archaeological and heritage values of the local heritage place.	No acceptable outcome is nominated.	The archaeological potential of the construction site for this proposal is considered to be low as there is no evidence of any significant buildings or landscape features from the information currently available.
PO8 Any new fencing, landscaping, access or car parking arrangements are designed and sited in a manner that: (a) does not have a detrimental impact on the significant values or views of the place; (b) enhances the overall appearance of the local heritage place; and (c) is sensitive to materials, colours, scale, placement and layout of the place.	No acceptable outcome is nominated.	The landscaping to the perimeter of the new building consists of new turf and concrete driveway and pathways which is consistent with the existing landscaping. This simple landscaping does not detract from the decorative gardens to the entranceway. Temporary fencing and hoarding to protect the Local heritage building will be removed on completion of the works. The new fencing to the rear of the new building is not visible from the public spaces. These landscaping changes will not have detrimental impacts on the significant buildings of the Hospital.
Archaeology		
PO9 Development does not adversely impact on known or potential archaeological deposits.	No acceptable outcome is nominated.	There are no known historical archaeological potential deposits. The historical archaeological potential of the site of the CT Scanner Building is considered low. The area was a landscaped area in the early period of the Hospital and no known buildings have previously been in this location.
General		
PO10 Any changes as a result of development and associated works to a Local heritage place, are appropriately managed and documented.	AO10 Development is compatible with a Conservation Management Plan prepared in accordance with the Australia ICOMOS Charter for Places of Cultural Heritage Significance. Editor's note—An archival quality	There is no Conservation Management Plan (CMP) available for the Hospital as a whole or for its significant buildings. The Burra Charter has been referred to in the preparation of this HIA and responses to the relevant Articles are included in Section 5.4. As there are no significant features of the Local heritage place impacted by the proposed development, archival recording prior to the works is not considered necessary in this case.

	photographic record is made of the features of the place that are impacted because of the development.	
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6.5 Design in Context

The publication *Design in Context, Guidelines for Infill in the Historic Environment* (Design in Context) (NSW Heritage Office and Royal Australian Institute of Architects 2005) provides a reference for reviewing the design of infill buildings within heritage contexts. With no equivalent in Queensland, this document has been used to review this proposed development.

Design in Context refers to six design criteria:

- Character
- Scale
- Form
- Siting
- Materials and Colour
- Detailing.

Responses to each of these design criteria in relation to the proposed CT Scanner Building is included in the table below.

Table 3. Design in Context Responses

Criteria	Response
Character	The new CT Scanner Building is a simple rectangular single storey building consistent with its context of institutional buildings.
Scale	The new building is small and single of a scale consistent to the adjoining Outpatient Building.
Form	The new building is a simple rectangular form of rendered masonry with a hipped roof which is consistent with the Outpatient Building and other buildings of the Hospital.
Siting	The proposed location of the new building is as far back from the road alignment as possible and as close the Outpatient Building as possible.
Materials and Colour	The materials and colours of the proposed building reflect those of the adjoining Outpatient Building to which it will operate as an extension. These differ from those of the significant Allied Health Building, for example: <ul style="list-style-type: none"> • Metal corrugated roof instead of tiles. • Smooth render instead of rough coat. • Windows and window recesses that reflect the proportions of the Outpatient Building. • Split face blockwork to the base courses.
Detailing	The detailing reflects the more simple details of the Outpatient Building rather than those of the significant Allied health Building.

6.6 Burra Charter

Responses to the Burra Charter Articles most relevant to the proposed CT Scanner Building are included in the table below.

Table 4. Responses to Relevant Burra Charter Articles

No.	Article	Response
Conservation Principles		
Article 2. Conservation and management		
2.1	Places of cultural significance should be conserved.	The significant Allied Health Building is conserved.
2.2	The aim of conservation is to retain the cultural significance of a place.	The cultural significance of the Hospital as a site and the Allied Health Building is retained.
2.3	Conservation is an integral part of good management of places of cultural significance.	The conservation of the significant buildings of the Hospital is recognised as an important part of the management of the Hospital.
Article 3. Cautious approach		
3.1	Conservation is based on a respect for the existing fabric, use, associations and meanings. It requires a cautious approach of changing as much as necessary but as little as possible.	This HIA has reviewed the proposed development in terms of it being as much as necessary in relation to its medical function and but as little as possible in relation to the extent of works.
Article 4. Knowledge, skills and techniques		
4.1	Conservation should make use of all the knowledge, skills and disciplines which can contribute to the study and care of the place.	This HIA has been prepared by an heritage consultant experienced in the assessment of changes to heritage places and their contexts.
Article 6. Burra Charter Process		
6.1	The cultural significance of a place and other issues affecting its future are best understood by a sequence of collecting and analysing information before making decisions. Understanding cultural significance comes first, then development of policy and finally management of the place in accordance with the policy. This is the Burra Charter Process.	This HIA has been prepared utilising the Burra Charter process. Information has been collated and used in the assessment of the impacts of the proposal.
Article 7. Use		
7.1	Where the use of a place is of cultural significance it should be retained.	The CT Scanner Building will contribute to the ongoing use of the place as a Hospital.
7.2	A place should have a compatible use.	The CT Scanner Building will contribute to the ongoing use of the place as a Hospital.
Article 8. Setting		
	Conservation requires the retention of an appropriate setting. This includes retention of the visual and sensory setting, as well as the retention of spiritual and other cultural relationships that contribute to the cultural significance of the place.	The new building has been designed and located to minimise its impacts on the setting of the significance Allied Health Building. The more significant elements of the Allied Health Building are still readily visible from the public spaces.

	New construction, demolition, intrusions or other changes which would adversely affect the setting or relationships are not appropriate.	
Conservation Processes		
Article 22. New work		
22.1	New work such as additions or other changes to the place may be acceptable where it respects and does not distort or obscure the cultural significance of the place, or detract from its interpretation and appreciation.	<p>The proposed development does not distort the significance of the Allied Health Building.</p> <p>By reflecting the materials and finishes of the Operational Building in the new building, the proposed development does not detract from the interpretation and appreciation of the Allied Health Building.</p> <p>The proposed development will partly block some views to the rear service room of the Allied Health Building but does not obscure the significance of the Allied Health Building.</p>
22.2	New work should be readily identifiable as such, but must respect and have minimal impact on the cultural significance of the place.	The new building will have sufficient new materials and detailing to be readily identifiable as a building of this time.
Conservation Practice		
Article 27. Managing change		
27.1	The impact of proposed changes, including incremental changes, on the cultural significance of a place should be assessed with reference to the statement of significance and the policy for managing the place. It may be necessary to modify proposed changes to better retain cultural significance.	The statement of significance for the Allied Health Building in the BHHS has been considered in the preparation of this HIA.
27.2	Existing fabric, use, associations and meanings should be adequately recorded before and after any changes are made to the place.	<p>The proposed changes are not considered to be substantial so archival recording is not seen as necessary for this proposed development.</p> <p>Good quality photographs of the exterior of the Allied Health Building and the location of the new CT Scanner Building should be taken prior to the works and stored for future reference.</p>

Planning Act 2016

Reprint current from 2 August 2024

Chapter 6 > Part 1

Part 1 Appeal rights

229 Appeals to tribunal or P&E Court

- (1) Schedule 1 states—
 - (a) matters that may be appealed to—
 - (i) either a tribunal or the P&E Court; or
 - (ii) only a tribunal; or
 - (iii) only the P&E Court; and
 - (b) the person—
 - (i) who may appeal a matter (the *appellant*); and
 - (ii) who is a respondent in an appeal of the matter; and
 - (iii) who is a co-respondent in an appeal of the matter; and
 - (iv) who may elect to be a co-respondent in an appeal of the matter.
- (2) An appellant may start an appeal within the appeal period.
- (3) The *appeal period* is—
 - (a) for an appeal by a building advisory agency—10 business days after a decision notice for the decision is given to the agency; or
 - (b) for an appeal against a deemed refusal—at any time after the deemed refusal happens; or
 - (c) for an appeal against a decision of the Minister, under chapter 7, part 4, to register premises or to renew the registration of premises—20 business days after a notice is published under section 269(3)(a) or (4); or
 - (d) for an appeal against a decision of the Minister, under chapter 7, part 4, to amend the registration of premises to include additional land in the affected area for the premises—20 business days after the day a notice is published under section 269A(2)(a); or
 - (e) for an appeal against an infrastructure charges notice—20 business days after the infrastructure charges notice is given to the person; or
 - (f) for an appeal about a deemed approval of a development application for which a decision notice has not been given—30 business days after the

applicant gives the deemed approval notice to the assessment manager; or

- (g) for an appeal relating to the Plumbing and Drainage Act 2018—
 - (i) for an appeal against an enforcement notice given because of a belief mentioned in the Plumbing and Drainage Act 2018, section 143(2)(a) (i), (b) or (c)—5 business days after the day the notice is given; or
 - (ii) for an appeal against a decision of a local government or an inspector to give an action notice under the Plumbing and Drainage Act 2018—5 business days after the notice is given; or
 - (iii) for an appeal against a failure to make a decision about an application or other matter under the Plumbing and Drainage Act 2018—at anytime after the period within which the application or matter was required to be decided ends; or
 - (iv) otherwise—20 business days after the day the notice is given; or
- (h) for any other appeal—20 business days after a notice of the decision for the matter, including an enforcement notice, is given to the person.

Note—

See the P&E Court Act for the court's power to extend the appeal period.

- (4) Each respondent and co-respondent for an appeal may be heard in the appeal.
- (5) If an appeal is only about a referral agency's response, the assessment manager may apply to the tribunal or P&E Court to withdraw from the appeal.
- (6) To remove any doubt, it is declared that an appeal against an infrastructure charges notice must not be about—
 - (a) the adopted charge itself; or
 - (b) for a decision about an offset or refund—
 - (i) the establishment cost of trunk infrastructure identified in a LGIP; or
 - (ii) the cost of infrastructure decided using the method included in the local government's charges resolution.

230 Notice of appeal

- (1) An appellant starts an appeal by lodging, with the registrar of the tribunal or P&E Court, a notice of appeal that—
 - (a) is in the approved form; and
 - (b) succinctly states the grounds of the appeal.
- (2) The notice of appeal must be accompanied by the required fee.
- (3) The appellant or, for an appeal to a tribunal, the registrar, must, within the service period, give a copy of the notice of appeal to—
 - (a) the respondent for the appeal; and
 - (b) each co-respondent for the appeal; and
 - (c) for an appeal about a development application under schedule 1, section 1, table 1, item 1—each principal submitter for the application whose submission has not been withdrawn; and

- (d) for an appeal about a change application under schedule 1, section 1, table 1, item 2—each principal submitter for the application whose submission has not been withdrawn; and
 - (e) each person who may elect to be a co-respondent for the appeal other than an eligible submitter for a development application or change application the subject of the appeal; and
 - (f) for an appeal to the P&E Court—the chief executive; and
 - (g) for an appeal to a tribunal under another Act—any other person who the registrar considers appropriate.
- (4) The *service period* is—
- (a) if a submitter or advice agency started the appeal in the P&E Court—2 business days after the appeal is started; or
 - (b) otherwise—10 business days after the appeal is started.
- (5) A notice of appeal given to a person who may elect to be a co-respondent must state the effect of subsection (6).
- (6) A person elects to be a co-respondent to an appeal by filing a notice of election in the approved form—
- (a) if a copy of the notice of appeal is given to the person—within 10 business days after the copy is given to the person; or
 - (b) otherwise—within 15 business days after the notice of appeal is lodged with the registrar of the tribunal or the P&E Court.
- (7) Despite any other Act or rules of court to the contrary, a copy of a notice of appeal may be given to the chief executive by emailing the copy to the chief executive at the email address stated on the department's website for this purpose.

231 Non-appealable decisions and matters

- (1) Subject to this chapter, section 316(2), schedule 1 and the P&E Court Act, unless the Supreme Court decides a decision or other matter under this Act is affected by jurisdictional error, the decision or matter is non-appealable.
- (2) The *Judicial Review Act 1991*, part 5 applies to the decision or matter to the extent it is affected by jurisdictional error.
- (3) A person who, but for subsection (1) could have made an application under the *Judicial Review Act 1991* in relation to the decision or matter, may apply under part 4 of that Act for a statement of reasons in relation to the decision or matter.
- (4) In this section—
decision includes—
 - (a) conduct engaged in for the purpose of making a decision; and
 - (b) other conduct that relates to the making of a decision; and
 - (c) the making of a decision or the failure to make a decision; and
 - (d) a purported decision; and
 - (e) a deemed refusal.

non-appealable, for a decision or matter, means the decision or matter—

- (a) is final and conclusive; and
- (b) may not be challenged, appealed against, reviewed, quashed, set aside or called into question in any other way under the *Judicial Review Act 1991* or otherwise, whether by the Supreme Court, another court, any tribunal or another entity; and
- (c) is not subject to any declaratory, injunctive or other order of the Supreme Court, another court, any tribunal or another entity on any ground.

232 Rules of the P&E Court

- (1) A person who is appealing to the P&E Court must comply with the rules of the court that apply to the appeal.
- (2) However, the P&E Court may hear and decide an appeal even if the person has not complied with rules of the P&E Court.