

## DESIGN, ACCESS AND HERITAGE STATEMENT

Internal and external alterations to provide an accessible surgery wing with toilet facility and replacement rear entrance. Internal alterations to revise first and second floor flats for new use as cosmetic surgeries with associated patient and staff rooms.



Magnolia House  
27 East Street  
Havant  
Hampshire

for

Mr. Abbas Visanji

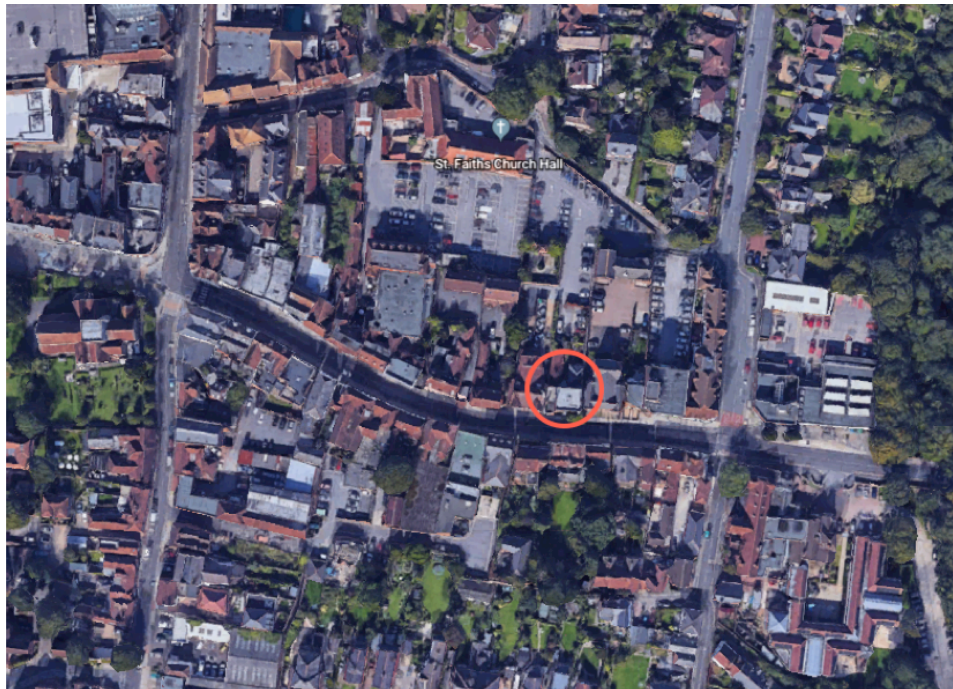
Project No: 692

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## I. Introduction

- I.1. This 'Design, Access and Heritage Statement' has been prepared to inform an application for Planning and Listed Building Consent submitted to Havant Borough Council by Mr. Abbas Visanji for external and internal alterations to Magnolia House in the town of Havant.
- I.2. Magnolia House is an historic building, listed grade II (list entry no: 1154546) and was designated on 21<sup>st</sup> July 1975.
- I.3. The building has been a dental practice for over 100 years, and is considered to be one of the longest established practices in England.
- I.4. The proposed alterations seek to refurbish and revise the currently disused or underutilised ground floor spaces to the rear, and to bring the long vacant first and second floor flats back into use as additional patient and staff facilities to accommodate the expanding scope of the established dental practice.
- I.5. As part of this aspiration, the proposal involves the change of use of the existing residential first and second floor flat dwellings into a commercial purpose in line with the ground floor through the creation of new cosmetic surgeries, staff facilities and patient facilities. The formal change of use will be subject to a separate application.



*Magnolia House located on one of the principal historic streets in the centre of Havant*

## 2. Description of the building and its setting

- 2.1. Magnolia House is a three-storey town house originating from the 18<sup>th</sup> century. The façade is symmetrical with a central doric porch consisting of columns and flat pilasters and a pediment. The walls consist of brick, blue headers with red dressings surrounding timber sash windows and brick string courses. The façade typically terminates at a parapet, beyond which is a flat roof.
- 2.2. To the west, the house has a historic, two-storey extension in red, Flemish bond brickwork with a modillion pediment. This projects slightly forward of the main façade and in line with the porch. The recessed panel at ground floor level is believed to be the remnant of a former carriage entrance.

- 2.3. The building is located within East Street, which is one of the principle historic streets in the town and contains a high density of historic buildings, many of which are listed.
- 2.4. To the rear the building has a number of single storey brick additions which are historic. These are attached to the rear elevation.
- 2.5. The house faces directly on to East Street and thus contributes to the broader streetscape.



*Magnolia House located within a largely historic setting that includes a number of listed buildings*

### 3. History and development

- 3.1. The historic centre of Havant is based around four principal streets, reflecting the cardinal points and could be Roman in origin. It is thought that east and west street is on, or near a former Roman road which ran between Chichester and Winchester.<sup>1</sup>
- 3.2. During the medieval period Havant was granted a market charter, though this is believed to have been limited in scale and localised. A second market was later granted and a two-day fair in the mid-fifteenth century.<sup>2</sup>
- 3.3. Havant became known for the high quality of its parchment, though included other industries such as brewing and the tanning of leather. A number of tanneries existed in and around the town. All of these industries were dependent on the town's natural source of spring water.<sup>3</sup>
- 3.4. In the 19<sup>th</sup> century, the arrival of the railway encouraged growth to the north of the town, which introduced a different built character of dense housing and industry.
- 3.5. By this time, the historic core had established itself with predominantly 18<sup>th</sup> and 19<sup>th</sup> Century buildings occupying the four main streets. Many of the timber-frame medieval buildings had been lost in a fire of about 1761, which now results in a lack of significant time-depth within the historic core. The streetscape is therefore generally post-18<sup>th</sup> century.

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<sup>1</sup> St Faith's Conservation Area Appraisal & Management Plan, July 2007, p.9.

<sup>2</sup> Ibid.; p.10.

<sup>3</sup> Ibid.; p.10.

- 3.6. Whilst the Church of St. Faith is believed to date back to the tenth century, much of this has also been rebuilt. The exception being the Chancel which largely survives from the 13<sup>th</sup> Century. The nave and tower were redeveloped throughout the 19<sup>th</sup> Century, re-using the original fabric.
- 3.7. Magnolia House appears to have been conceived as a small, town house and residence of some relative status in the 18<sup>th</sup> Century, before turning to commercial use in the 19<sup>th</sup> century. Its change of function does not appear to have greatly affected the building internally and therefore retains much of its early features including historic panelling, doors, architraves etc.
- 3.8. The first and second floors have remained as accommodation, though these areas have become redundant in more recent times (i.e. in the late 20<sup>th</sup> Century), particularly as staff ceased to wish to live on site.
- 3.9. Listed building consent for internal alterations and refurbishment of sections of the ground floor was granted in March 2020 (application no. APP/20/00053) and the works have since been completed to a high standard.

#### **4. Conservation Area**

- 4.1. St. Faith's Conservation Area is named after St. Faith's church which sits in the core of the town where the four main streets converge. The Conservation Area here benefits from a Conservation Area Character Appraisal and Management Plan (2007) which helps to identify some of the key features of the area. At the heart of this, is the sense of the historic town as being predominantly 18<sup>th</sup> and 19<sup>th</sup> Century in its built character, though underpinned and spatially defined by its Roman and medieval origins.
- 4.2. Magnolia House is located within St Faith's Conservation Area and is one of a number of Georgian Houses that characterise the core area and contribute to its special interest.
- 4.3. Due to the proposals being largely internal and not changing the underlying use of the building, it is considered that the scheme will not have a negative impact upon the Conservation Area. Instead, the return of spaces to use as well as the proposed scope of external conservation repair will further secure the buildings future and benefit the wider Conservation Area.

#### **5. Significance**

- 5.1. Magnolia House has significance as a building originating from the 18<sup>th</sup> Century and retains numerous original features, both externally and internally. The condition and quality of these and their completeness contribute to the building's evidential, historic and aesthetic values.
- 5.2. Magnolia House also contributes to the significance of the Conservation Area as a designated heritage asset and is significant as part of the town's 18<sup>th</sup> and 19<sup>th</sup> Century development character and related prosperity.
- 5.3. It is also considered that the retention and securing of the historic use of the building adds to the local significance of the building.

#### **6. Amount / Extent of the development**

- 6.1. The proposed works involve internal and external alterations to the rear ground floor entrance, and within the north-west wing. Additional internal refurbishment and alterations are also proposed to the first and second floors to adapt them for the proposed change of use to a complementary function.
- 6.2. The first and second floor flats have remained vacant for several years, partly due to the move away from providing staff accommodation, but also as they are accessed via the main stairway and therefore the sensitive medical environment that is the common parts of the dental practice.

- 6.3. Noting that the ground floor is used as a dental practice and therefore primarily public, it would be expensive and impractical to reinstate and modernise the flats, not least due to the need to undertake notable alterations in order to provide additional private and fire escape access. Due to this it is considered that the most practical method of bringing function back into the upper floors whilst ensuring the future conservation of historic fabric is to change the flats use to facilities serving the dental practice.
- 6.4. The aspiration of the Applicant is to allow the Practice to provide an improved and inclusive range of services within the local community that is where possible accessible, a provision that is not currently possible due to level changes.

### **Proposed External Alterations**

- 6.5. Despite it's relatively secluded position, by comparison to the formal entrance within the south elevation, the rear north entrance is frequently used by visiting patients arriving by car via the rear parking area.
- 6.6. The rear entrance is also the only route into the building that begins to provide improved access into the building for those with reduced mobility, however the existing provision does not accommodate for all the varying floor levels within the rear section of the ground floor in accordance with The Building Regulations.
- 6.7. The Applicant has in direct response to the Equalities Act developed aspirations to create a new accessible surgery space with rationalised entrance lobby floor levels. To achieve this the existing rear entrance will be made fully accessible via a new gentle external slope finished with flagstones to match the existing hard landscaping.
- 6.8. This lobby itself currently presents a visual conflict whereby the entrance and associated internal routes to the reception area are obfuscated and mixed with the adjacent staff orientated accommodation. For patients unfamiliar with the internal layout and access routes can be unclear, so the creation of a new purpose-built rear entrance lobby and revision of the existing layout are intended to improve visual clarity whilst creating a welcoming approach, all in accordance with the Equalities Act.
- 6.9. The most significant external alteration shall therefore be the replacement of the existing largely glazed lean-to structure, of which is in relatively poor condition, having been constructed with materials that are unsympathetic to the adjacent fabric, particularly at the junctions with the adjoining roofs.
- 6.10. Replacing the current polycarbonate arrangement, the proposed roof over the new entrance lobby is to be weathered with rolled lead so as to accommodate the complex junctions with the existing historic roofs. The lead valley gutter arrangement at the junctions with existing adjacent roofs will assist future access and maintenance of the fabric above, of which until now has been somewhat restricted.
- 6.11. The roof will however be centrally glazed to increase natural daylight levels within the lobby but equally borrowed light levels within adjacent spaces. The new single leaf entrance door and adjacent glazed side panels have been designed to reflect the proportions of the existing fenestration, whilst it is proposed that this element alone includes slimline double glazing to match the existing.
- 6.12. As a consequence of the reconstruction of the rear entrance lobby, the current window opening within the existing staff room is to be altered prior to the introduction of a new timber sash window, again with proportions matching the existing.
- 6.13. In anticipation of internal alterations to create a new accessible surgery, the existing vertically boarded timber external door serving the current kitchen/store is to be removed and the structural opening altered to suit the introduction of a new timber casement window. The section below new window shall be infilled with facing brickwork to match the existing.

- 6.14. To accommodate the relocation of the boiler, the existing boiler flue is to be carefully removed and the surrounding area of brickwork to be made good using a salvaged supply. A replacement flue is to be installed through the eastern section of the roof above the new boiler location, such that it exhausts away from the rear entrance thoroughfare.
- 6.15. The existing brick waste bin storage provision is inadequate for the current practice's requirements, and therefore leads to the bins being highly visible from the car park and rear entrance. As the rear entrance is frequently used by patients it is proposed that a replacement brick bin store with a lightweight timber canopy is constructed, but for clarity, the existing waste bin provision itself is to be retained.
- 6.16. The existing disused laboratory is to be subject to general repair and redecoration, including the replacement of the existing decayed corrugated roof structure with a new slate roof and an improved internal build-up. The use of slate shall allow a shallow pitch to be retained, albeit whilst reflecting materiality already found on the site. Hung clay tiles located on the gable directly above shall be re-hung and supplemented by a salvaged supply.
- 6.17. The existing walls, single timber entrance door and Crittall windows are to be retained and made good following the roof alterations. It is not anticipated that the laboratory will be returned to its original use, however the refurbishment shall halt further decay and allows for the room to be available for future re-fitting as the dental practice grows (subject to a separate application and dependant on future client aspirations).
- 6.18. In coordination with the internal alterations within the first and second floor, the existing sash cord and casement windows are to be retained and subject to conservation repair of the joinery and redecorated. Existing rainwater goods shall also be retained, overhauled and redecorated.
- 6.19. Overall the extent of the external works are modest and primarily only visible from the north elevation or within the private rear garden / courtyard space. The publicly prominent south elevation, which faces directly onto the main street, shall be retained as existing with the exception of the proposed conservation repairs to the sash cord windows. All structural opening alterations are within the small courtyard space, and therefore only visible to staff and patient visitors.
- 6.20. The replacement roof to the disused laboratory and the replacement glazed rear entrance use materials are more appropriate for the local context of the site (slate and rolled lead respectively). The careful removal of the corrugated 'modern' roof elements allows the historic fabric a greater visual prominence within a relatively dense group of extensions. The retained differentiation of roof finishes of the later additions maintains the existing visual and historic hierarchy between the later and newer rear extensions.

#### **Internal Alterations: Ground Floor**

- 6.21. A core aspiration of the scheme is to significantly improve accessibility within the ground floor and provide a more inclusive service suitable for patients with impaired mobility and / or require the use of a wheelchair. Critical to the ground floor alteration is the rationalisation, and therefore the raising of select floors within the new entrance, small waiting room area and accessible surgery.
- 6.22. The new floor levels within these spaces will be set to allow for level thresholds between the aforementioned spaces and into the main building through the reception. The resulting accessible circulation through the rear ground floor areas allows for the creation of a dedicated accessible surgery 'wing', arguably making the building as accessible to all as possible.
- 6.23. The new floors will be formed via a suspended timber floor carefully laid over the existing retained flagstone and poured concrete surfaces. To improve safety and alleviate general accessibility concerns, the existing lightwell serving the cellar is to be retained but covered with toughened safety glass incorporated within the new timber floor.
- 6.24. Taking advantage of the new suspended floor arrangement and ability to introduce fresh air ductwork within it, it is also proposed to reinstate natural ventilation into the basement located below the main body of the building. The ductwork shall run between external terracotta air vents and the existing lightwell.

- 6.25. Alongside the raised floor level, the existing entrance lobby within the glazed lean-to is to be slightly enlarged via the replacement of the entrance structure, and opened-up to the proposed new small waiting area and accessible W.C. through the enlargement of the structural opening within the brickwork partition dividing the existing lobby and existing staff kitchen. This shall create a more open and welcoming space within the rear entrance / small waiting room, and improve circulation within the new accessible surgery 'wing'.
- 6.26. Whilst the existing surgery spaces are suited for their current purpose, the layout within the existing building and in particular level changes restricts access for those with reduced mobility. Alongside the aforementioned alterations to create the small waiting room and revised entrance, it is proposed that the existing store / kitchen is refurbished and re-fitted as a fully accessible surgery. The existing floor area is considered sufficient to accommodate wheelchairs whilst maintaining adequate equipment / unit space for the surgery to function.
- 6.27. The existing staff area / kitchen functions are to be relocated to the refurbished second floor, allowing the existing space to become a small secondary waiting room complete with an accessible patient W.C. that serves the entire surgery. This revised circulation will also allow wheelchair access through into the new accessible surgery.
- 6.28. The proposals seek to provide improved accessible patient facilities. The current patient W.C. provision is accessed via the main staircase so is unclear for patients and impractical for those with limited mobility - the new accessible W.C. located in the dedicated accessible surgery 'wing' will be formed from a timber stud partition and feature a rounded corner to avoid visually 'compartmentalising' the space and soften the otherwise sharp corner.
- 6.29. Adjacent to the new W.C, a new store cupboard serving the accessible surgery is to be formed by retaining the existing door frame, leaf and opening to the west of the chimney alongside the construction of a new timber stud partition flush with the southern face of the chimney breast.
- 6.30. The existing boiler is to be relocated to the refurbished store room adjacent to the new accessible surgery. This allows for the careful removal of the timber cupboard and adjustment of the chimney breast to enable wheelchair access into the accessible surgery. The reduction of the chimney breast is to be minimised so as to ensure that the historic fabric is retained.
- 6.31. To allow internal access to the relocated boiler, a new structural opening and timber door is to be introduced within the existing North masonry wall within the proposed accessible surgery. The store room itself is to be subject to basic refurbishment / redecoration, however the ceiling and floor levels are to be retained as existing - the new opening will therefore include a stepped threshold.
- 6.32. In response to the introduction of a new suspended floor within the small waiting area and accessible surgery, it is proposed that the existing ceilings are also raised to allow for improved floor to ceiling heights. The new ceiling and small sections of ceilings are to be formed in plasterboard.
- 6.33. In response to Care Quality Commission (CQC) guidance that decontamination rooms be located centrally within the overall surgery, it is proposed to relocate the current facility from the existing store / kitchen space create a new facility formed within the existing lobby serving the existing west side entrance.
- 6.34. To suit its new use, the existing built-in storage cupboards within the lobby are to be carefully removed and the surrounding finishes made good. The existing door leading into the current waiting room is to be retained but sealed to allow for the introduction of a new sound insulated stud partition. The existing door leaf and frame is to remain visible from within the waiting room, allowing the intervention to be reversed in the future.
- 6.35. A supplementary sound insulated stud partition is equally to be introduced between the decontamination room and new small waiting area, again to prevent excess sound transference, appreciating that the retained doorway will still be in use for staff access. To account for the new suspended floor, a stepped door threshold will be retained so the existing door frame and leaf are to be adjusted to suit.

- 6.36. The main staircase within the reception and leading up to the first and second floors is to be retained as existing but generally subject to light refurbishment as required. The balustrade is particularly low and certainly below that considered to be safe when an increased public footfall to the new surgeries and staff areas is anticipated. Consequently it is proposed to introduce a free-standing glazed balustrade alongside the existing provision, increasing the handrail height to meet current safety standards – ultimately removable there will be no physical or visual impact upon the historic arrangement.

#### **Internal Alterations: First Floor**

- 6.37. As part of the Applicants aspiration to expand the practices services, the existing vacant first floor flat is to be converted into two complementary cosmetic surgeries with an associated waiting room, storage and patient facilities. The extent of the alterations is considered to be modest, and to a degree serve to reverse mid 20<sup>th</sup> Century interventions. The specific alterations are as follows:
- 6.38. To create an open waiting room space, the existing partition wall between the kitchen and entrance lobby is to be partially removed to form an enlarged opening that matches the height of the existing door opening, and mirrors the retained nib on to the other side so the intervention can be read. The door frame and architrave detail is to be replicated around the adjusted opening.
- 6.39. In response to the enlargement of the opening, the existing 'modern' blockwork partition and fire door between the existing lobby and stairs are to be removed and the surrounding area made good. Removing both partitions will create a welcoming, open waiting room space with circulation more appropriate to the first floors proposed use, but critically will contribute to the removal of unsympathetic 20<sup>th</sup> Century intervention.
- 6.40. Spaces forming the existing lounge and bedroom are to be refurbished and re-fitted to suit their new use as complementary cosmetic surgeries. All historic fabric such as panelling, fireplaces and coricing is to be retained as existing, albeit repaired and redecorated on a like-for-like basis.
- 6.41. Having removed the 'modern' landing partition, it is also proposed to carefully remove a section of modern timber stud infill to reinstate of the bedroom doorway, creating access to the new complementary cosmetic surgery. The new door leaf and frame are to match the existing.
- 6.42. The later door frame and leaf between the proposed the cosmetic surgeries is to be retained as an intervention, but fixed shut so as to ensure privacy between the new surgeries.
- 6.43. The existing archway within the kitchen is to be retained and made good following the removal of the in-built timber cupboard arrangement, albeit alongside the introduction of a new door opening to match and mirror the retained existing door. The new doorway shall serve the proposed patient W.C. formed through the revision of the existing bathroom space.
- 6.44. The existing bathroom is to be divided via a new timber stud partition to form the patient W.C. and new plant room. The proposed new plant room will be accessed through the existing retained door originally serving the bathroom, whilst the patient W.C. is accessed as described above. The remaining corridor and cupboards are to be retained as existing.
- 6.45. The existing dining room is to be retained and refurbished, with the existing cupboard provision, chimney breast and smaller architectural details being retained as existing. To begin this room will provide storage space for the new surgeries, but also provide potential future space for x-ray and prep. room functions.

### **Internal Alterations: Second Floor**

- 6.46. The equally vacant second floor flat is to be generally refurbished to provide improved staff facilities required by the growing business, and indeed displaced following the proposed scope of ground floor alterations. The floor plan shall essentially be retained as existing, with the spaces instead being subject to general repair and refurbishment as required. The new uses of each room are as follows:
- The existing bathroom shall be used as a staff W.C. facility, with new sanitaryware using the existing drainage connections.
  - The landing shall be retained as existing, however the door leaf leading to the main stair access is to be removed and the retained frame made good.
  - The existing kitchen is to be re-fitted and used as a staff room with a tea making provision. To increase the amount of usable space, a more 'modern, built-in cupboard shall be removed, but an existing larger cupboard shall be retained, as will the existing soil vent pipe provision.
  - The existing lounge is to be generally refurbished for use as a staff / admin office, with all existing architectural features being retained.
  - The existing bedroom is to be used as a staff changing and storage room. If possible, a dropped section of 'modern' plasterboard ceiling is to be reduced in scale, but once more all existing architectural features being retained.

## **7. Landscaping**

- 7.1. With the exception of the previously referenced sloped access into the new North / rear entrance, no hard or soft landscaping is proposed.
- 7.2. The proposed slope does not change the amount of hard landscaping within the site, and will be finished with flagstones to match the existing hard landscaping. A minor intervention shall be the new French drains that are proposed either side of the new access slope.

## **8. Access**

- 8.1. A key focus of this application is to improve access to facilities for those with reduced mobility through the creation of an accessible surgery 'wing'.
- 8.2. As described in detail throughout this section 6, the floor levels within a proportion of the existing rear ground floor extensions including the new rear entrance are to be rationalised through the introduction of a new suspended timber floor. This will serve to create level thresholds throughout the reception area, from the rear (North) entrance and within the proposed accessible surgery 'wing'.
- 8.3. It has to be accepted that parts of this historic building will remain largely inaccessible to those with reduced mobility, unless significant and potentially damaging intervention takes place. Instead these proposals enable the ground floor to become significantly more accessible, including in respect of W.C. provisions.
- 8.4. Whilst the proposed new bin store is within the existing car park, it is sited where bins are currently positioned. Consequently no change is proposed in respect of the car parking provision or vehicular access into the site.
- 8.5. Similarly, the existing pedestrian access into the site generally is to be retained as existing.
- 8.6. The existing stepped front entrance is able to be retained as existing as the proposed rear entrance will be fully accessible.

- 8.7. The main stairs and therefore the existing access into the first and second floors is to be retained, albeit with the addition of a new free-standing handrail that improves general safety.

## **9. Assessment of Impacts**

- 9.1. On account of the complexity of the individual interventions, the assessment of each element is considered within the above sections.
- 9.2. Historic fabric within the scheme is typically retained as existing and repaired / redecorated as appropriate, however the following prominent historic features are to be impacted by the proposals:
- The existing chimney breast located within the north-west extension is to be slightly reduced in width, this in response to alterations to create an accessible surgery, W.C. and small waiting room. In response to guidance offered by the Conservation Officer, the reduction is to be limited to that required to introduce the minimum corridor width for wheelchair access into the new surgery. The remaining chimney breast and existing chimney stack are to be retained as existing, and made good or repaired on a like-for-like basis following the reduction.
  - As detailed within section 6, two structural openings located in the north – west 'wing' are to be altered alongside the introduction of timber windows that match the existing. Any required infill is to be of facing brickwork to match the existing.
  - The existing stairs leading to the first and second floors are to be retained as existing, but an ultimately removable freestanding glazed balustrade will be introduced to improve safety.
  - Later partitions and infill sections are to be removed from the first floor, albeit to the benefit of the wider building through the reinstatement of earlier layouts.
  - The archway within the first floor kitchen is to be retained and made good following the alterations to the timber cupboard and door framing as detailed in section 6.

## **10. Summary and Conclusion**

- 10.1. The works to the rear ground floor areas are centred around the need to create improved access into the building, and indeed to dental services. The reconfigured rear entrance alongside a rationalised floor from the reception through into the new wing allows for level thresholds throughout a much larger proportion of the public / patient orientated spaces of the ground floor.
- 10.2. The first and second floor flats have remained vacant for many years, and it is considered impractical to reinstate their existing use. Refurbishing the first and second floors allows the dental practice greater flexibility with strong opportunities to accommodate the current and future growth of the business, all whilst conserving the historic fabric forming the building.
- 10.3. The alterations to the first floor allow for the creation of an open waiting room serving new complementary cosmetic surgeries. These additional facilities will allow the practice to provide additional complementary services, although the requisite alterations required to achieve this are minimal and primarily impact more 'modern' partitions rather than historic fabric.
- 10.4. The minor refurbishment to the second floor allows for the existing staff rooms and office functions to be relocated away from the new patient orientated spaces on the ground floor, as well as the provision of larger improved facilities.
- 10.5. In summary, the proposals seek to moderately alter but fundamentally refurbish disused and underutilised spaces, this to provide new facilities to better suit the needs of patients and ultimately a growing local business. Bringing new purpose to the disused rooms within the building will enable continued conservation of the historic fabric, all while securing the future of the building through the continued success of a local business.