

# Cambridge Military Hospital



## Planning Brief March 2008

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# Introduction & Background Context 1

## 1.1 Introduction

The release of the Cambridge Military Hospital (CMH) and its surrounding buildings by the Ministry of Defence provides a major opportunity to meet local housing, employment and other needs in the Aldershot Urban Extension and the wider Aldershot area.

The proximity to the town centre and its public transport facilities means there is significant opportunity to achieve a regeneration of the site with a development, which will also meet the objectives of sustainability.

This planning brief provides a development framework that establishes the principles upon which future planning applications can be assessed and as such it does not present detailed proposals. The principal development objective is to bring the Cambridge Military Hospital and the surrounding historic buildings back into active use whilst enhancing and regenerating them. This is best achieved through a mixed use scheme rather than a single use scheme, to maximise the potential vitality and viability of the site.

The purpose of the brief is to provide prospective developers of the Cambridge Military Hospital, its curtilage buildings and land which forms its setting with guidance on the opportunities it represents, but also the planning constraints and responsibilities of working with the historic environment.

Rushmoor Borough Council offers a pre-application service and developers are advised to contact the Council at an early stage to discuss any proposals for these buildings, and to provide adequate information to allow the potential impact to be properly assessed before an application is submitted.

**Picture 1 Cambridge Military Hospital**



# 1 Introduction & Background Context

## 1.2 Policy Background

This planning brief has been prepared by Rushmoor Borough Council and takes into account the policies of the adopted Rushmoor Local Plan Review (1996-2011), the Draft Aldershot Urban Extension Supplementary Planning Document and the advice of Central Government through Planning Policy Statements and Guidance.

The *Rushmoor Local Plan Review*, adopted in August 2000, identifies the site as being within the built-up area of Aldershot.

In connection with Project Connaught, the area along Queens Avenue and Hospital Ridge has been considered appropriate for inclusion within a conservation area. The Aldershot Military Town Conservation Area was designated on 27<sup>th</sup> October 2003.

Development proposals for the buildings and the site generally will be judged by the Council on the basis of the policies in the adopted local plan, adopted Supplementary Planning Guidance, Government Guidance and PPG15 in particular.

## 1.3 Background

The Grade II listed building, its curtilage buildings and the land to the north which represent an important element of its setting have been identified for the avoidance of doubt (as shown in Map 1 'Cambridge Military Hospital: Extent of Listing' and Map 2 'Cambridge Military Hospital Curtilage').

Under Section 1(5) of the Planning (Listed Buildings and Conservation Areas) Act 1990, listing extends to the building at the address, and includes any object or structure within the curtilage of the building, which forms part of the land, and has done so since before 1<sup>st</sup> July 1948. The extent of the listing and the curtilage is a matter of fact and degree and is initially for the Local Authority, and ultimately for the courts to decide.

- The Cambridge Military Hospital is the listed building ("the principal building") and the whole of this building, including its interior is included in the listing and will be considered as such by the Council.
- Any object fixed to the Cambridge Military Hospital at the date of listing is also included in the listing, provided that it is a 'fixture' according to the normal rules of land law.
- Any structure fixed to the principal building at the date of listing (20.08.1979) will be included, provided that it was ancillary to the principal building at the date of listing.
- Any pre-1948 structure that was in the curtilage of the principal building at the date of listing will be included in the listing, provided that it is a fixture, and is ancillary to the principal building.

The lack of regular maintenance over a period of years, together with the historic use of asbestos is likely to represent a significant financial commitment to any new owner. The Council will expect the Hospital to be repaired and refurbished to a high standard and this should be reflected in the purchase price as it will be a material consideration in assessing viability issues.

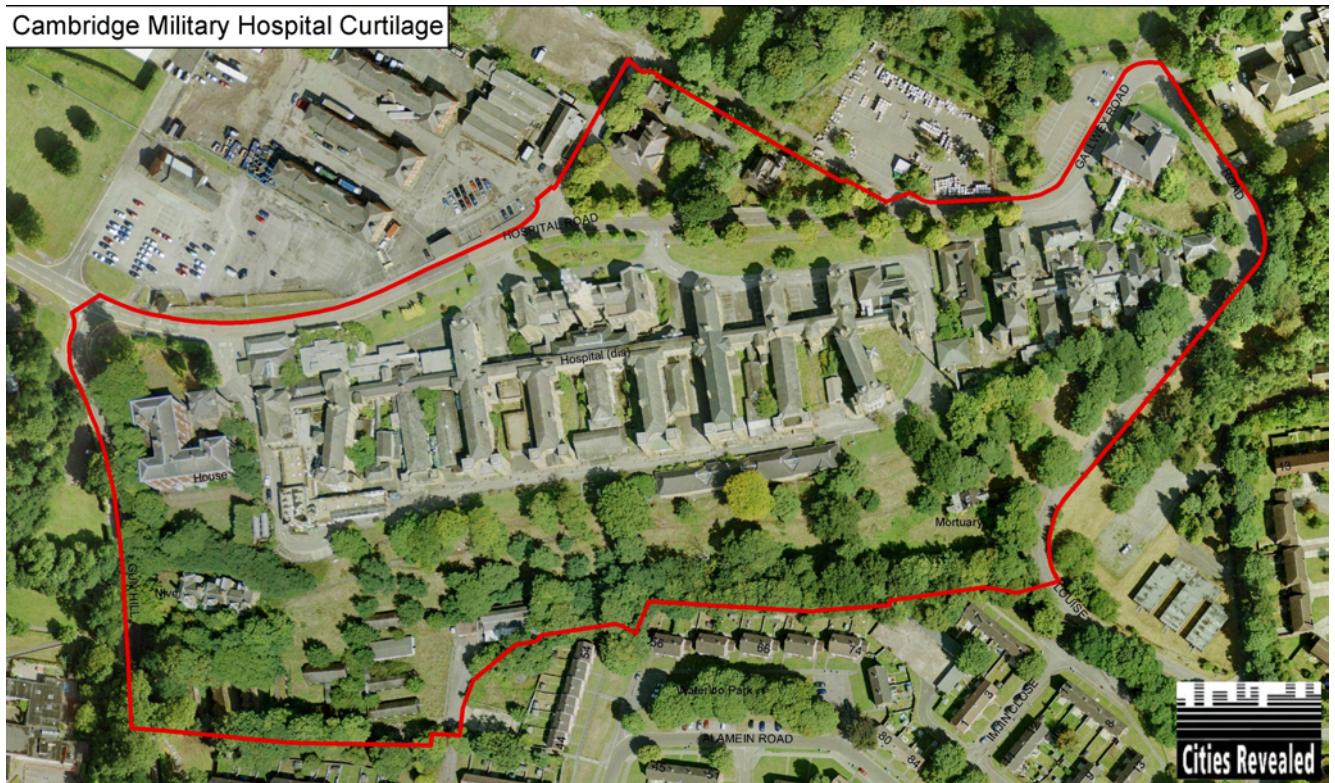
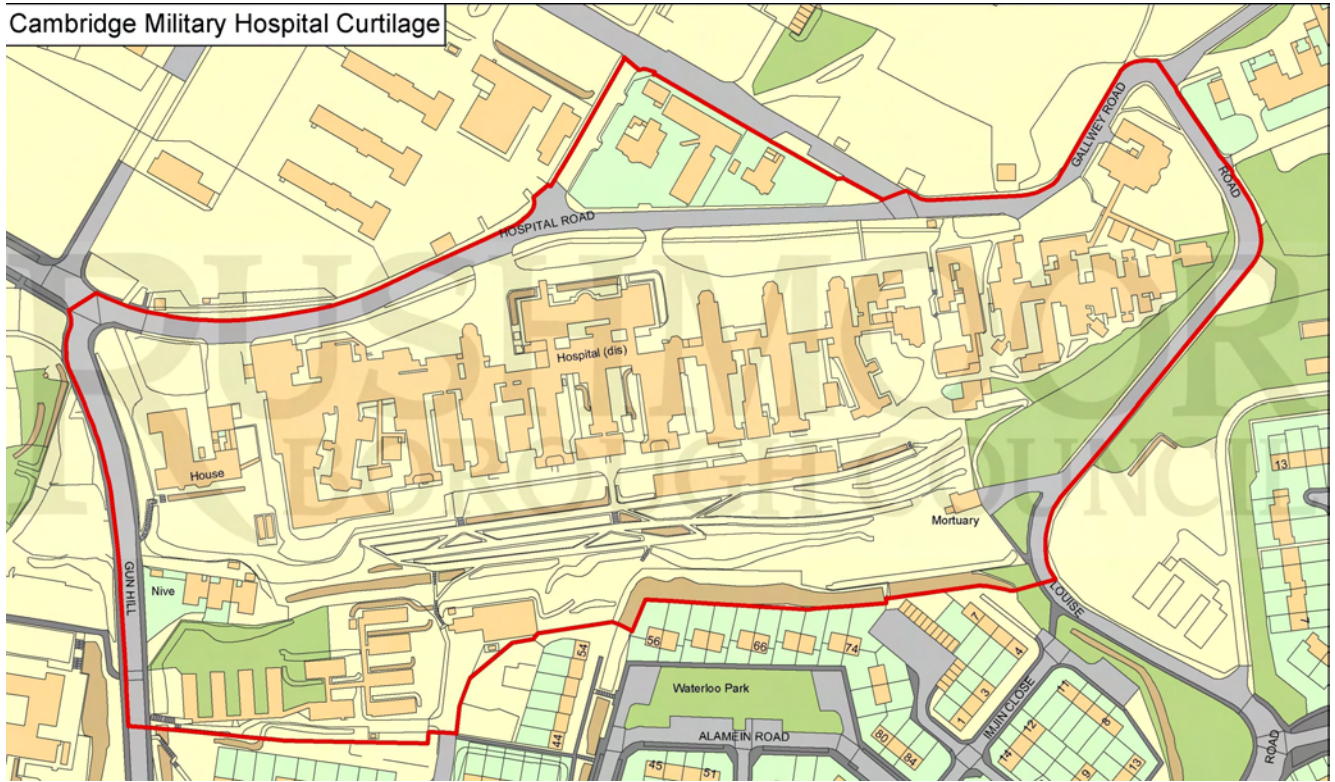
# Introduction & Background Context 1

Map 1 Cambridge Military Hospital: Extent of Listing



# 1 Introduction & Background Context

Map 2 Cambridge Military Hospital Curtilage



The red line shows the extent of the curtilage to the Cambridge Military Hospital as defined by Rushmoor Borough Council on the basis of the physical layout of the listed building and the adjacent structures, their ownership and function.

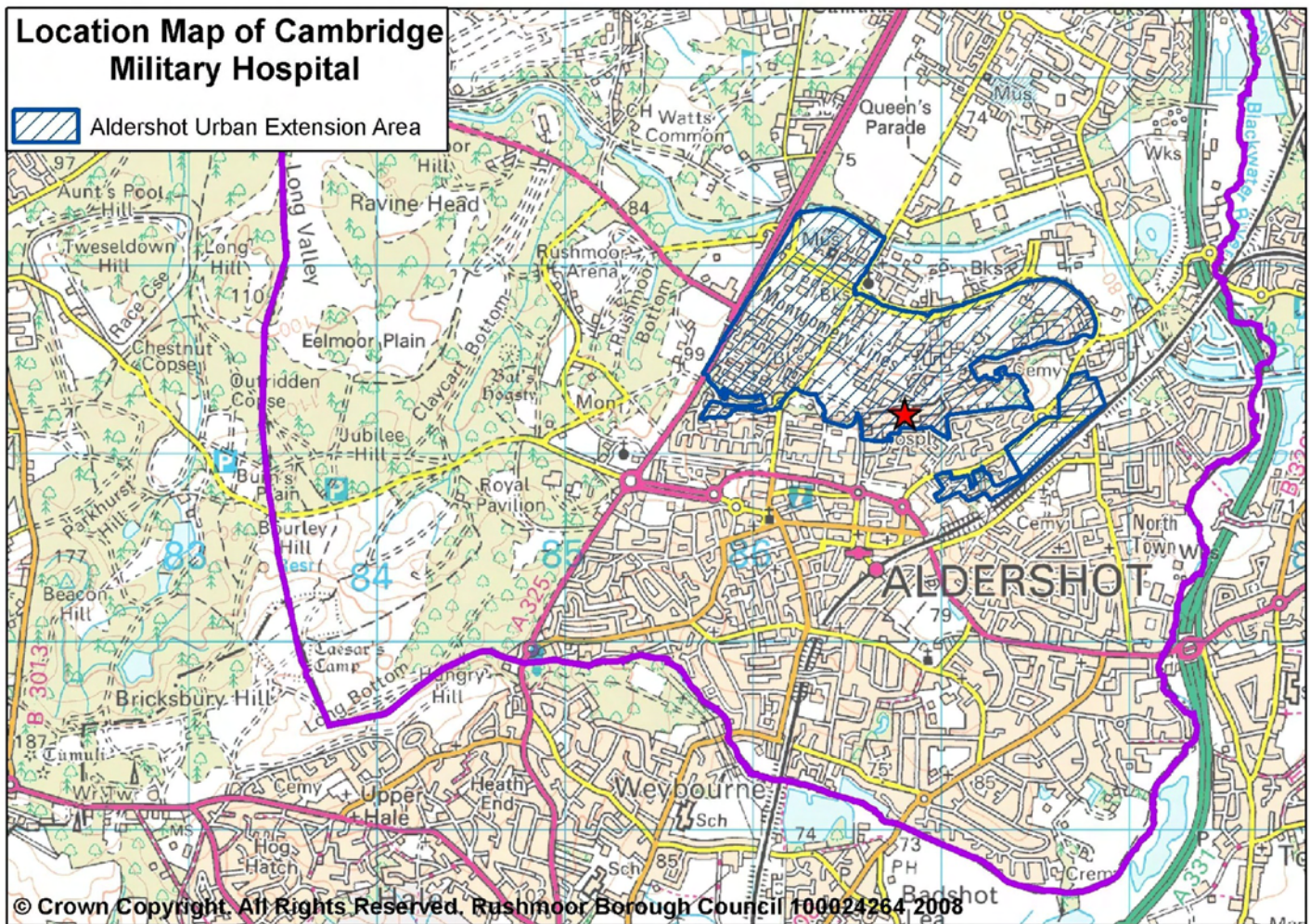
## 2.1 Site Description

The Cambridge Military Hospital site is located in the southern part of the Aldershot Military Town, to the north of Aldershot Town Centre. It lies wholly within the Borough of Rushmoor on Hospital Ridge and for the purposes of this brief comprises the land identified on map 2.

The hospital is a prominent building as it lies on high ground, at the 110-metre contour, with a steeply sloping scarp running east west immediately south of the site. The scarp is mainly wooded and provides an important visual setting to both the military town and to the wider settings of Aldershot.

The wooded scarp provides a distinct separation between the site and Aldershot town centre. There are extensive views from the Hospital in a southerly and westerly direction over Aldershot town centre and beyond, and are amongst the best in the whole of the Military Town.

Map 3 Location Map





## 2 The Site

### 2.2 Cambridge Military Hospital

The administration block is of two storeys with a basement and has an H-plan with an impressive symmetrical, neo-classical façade in an Italiniate style. The basement has an open area, laid to grass to the north. The facade is constructed in English bond facings with horizontal nailhead bands throughout, and windows with stone cills, flat rubbed brick heads and keystones.

The architectural details of the ground and first floors differ from those of the main range. The wings are three bays wide and four deep, with internal stacks on the long outer walls. The ground floor has a stone floor band and is enlivened by horizontal bands of moulded brick. The round headed sash windows have stone cills and are set within shallow, arched recesses with rubbed brick round headed heads. The first floor also has a stone floor band. The rectangular windows, which have stone lintels and cills on brackets, are separated by stone pilasters which carry a pediment with a full entablature linked to the eaves cornice. In the projecting centre of the main range a bow window carries a balustrade to the first floor. In the centre of the first floor are two rectangular windows in an ashlar surround, surmounted by a small pediment with a stone entablature flanking this are two round headed windows with stone impost bands and keystones. Set back to either side of the central block are four bays plus the single storey entrance porches.

The hospital is entered through two porches in the inner angles of the wings, reached by a flight of steps. The west entrance is covered by a modern structure of no architectural merit, whilst the east is original and has a round headed doorway and fanlight. Both entrances lead directly into corridors that link to the main hospital corridor via 20<sup>th</sup> century corridors that replace covered walkways.

The kitchen is located between the Administration Block and the main hospital corridor to which it is now directly connected. It is a large, high space with a central roof lantern. The boiler house is situated in the basement below the kitchen.

Originally six pavilion blocks projected south from the main axial corridor, four two-storey blocks in pairs to either side of the dining room/library and one single-storey block at each extremity. The two-storey ward blocks are of yellow brick with slate roofs. The wards are six bays long and could each hold 24 beds arranged in pairs between the windows. The wards were originally heated by two stoves, although central heating was installed in the 1920's. There are terracotta vents in the stone plat band at first floor and also decoratively in the brick stacks. Some blocks have ventilated ridge tiles. The windows to the wards are vertical sliding sashes, they have flat heads and stone cills and those on the first floor rise into the bracketed cornice.

The design of the sanitary annexes on the south corners of the ward show a development from the early military pavilion hospitals as they are further removed from the wards by cross lit stems. The stems have cornices below those of the wards and annexes. Each sanitary annexe has pairs of windows in its front and outer side wall, those on the ground floor are round headed and those on the first floor flat headed. Originally there was a round-headed window with a guardrail at the south of each first floor ward. The creation of day rooms in the ground floor spaces has destroyed the evidence for the original appearance of the windows.

The single storey ward blocks are also of yellow brick with slate roofs, and each had a 24 bed capacity. They differ from the other wards in the design of the ward service rooms and sanitary annexes. The orderlies' rooms and scullery face each other at the entrance to the ward and do not project from the wall plane of the ward. The sanitary annexes are smaller, but are of similar design. Each annexe has three front windows, two on the outer side and a high parapet.

## The Site 2

Two two-storey pavilion blocks with eight bed wards were built on the north side of the main axial corridor as part of the original scheme. Due to the site topography the ground floor is built up to the north with the yellow brick of the high plinth laid in English bond, the roofs are slate. The wards have tall sash windows and those on the ground floor are flat headed. Burdett's plan of 1893 shows that the ground floor ward on the east accommodated the ophthalmic ward with a scullery and dark room at the entrance. The ground floor on the west housed the prisoner's ward with a scullery and guardroom at the entrance. The wards are two bays long and had open fires in the south walls, rather than stoves. The sanitary towers have long cross-lit lobbies, but no stems. Two similar blocks were built to the east in 1893.

The single storey dining room/library block occupies the central position on the south side of the main hospital corridor. It is of yellow brick with a slate hipped roof with three conical ridge vents. Flanking the entrance passage of the dining room is a serving room and staircase. The dining room is three bays long with three windows on the east and two on the west flanking a central stack. The library has two windows on the east wall and two flanking a stack on the west. Originally it terminated in an apse which had a flat roof behind a parapet, the lateral windows now give access to red brick annexes.

Burdett's plan of 1893 shows an operating theatre of the north side of the main corridor opposite the western-most pavilion. The room is one bay deep and two bays wide with a brick blast wall in front of it. Now surrounded by later additions all that can be seen of the original theatre is the hipped slate roof.

Two two-storey ward blocks were built at an oblique angle either end of the south front in 1893. They are of yellow brick with stone dressings and slate roofs. The windows are tall sashes with stone cills and flat heads, those on the first floor rising into the bracketed stone cornice. There is a high brick plinth and a stone plat band. The service rooms are located in rooms orientated south and are therefore irregular in plan. The wards were heated by two centrally located stoves and later converted to central heating. The sanitary annexes have pyramidal slate roofs and are located on the outside of each wing, accessed by a cross lit stem. There are also sanitary towers on the south corners of each ward, separated from the wards by in-built lobbies. Between the lobbies was the entrance to the day room, a veranda or balcony of three bays plus canted side bays. The bays are separated by stone Tuscan columns and have arched heads with stone springers.

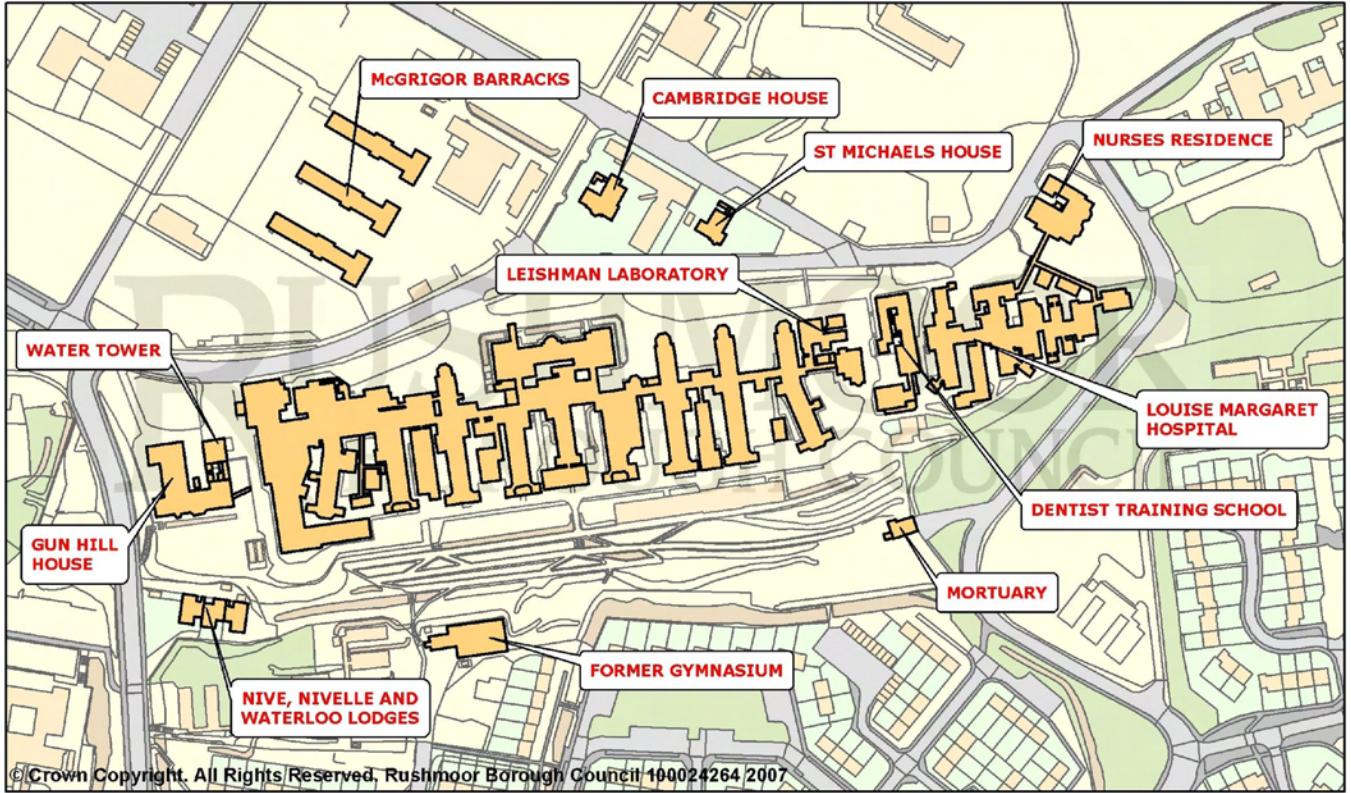
Access to the east end of the upstairs corridor and thus the upper wards at this end of the building was provided by a projecting stair tower, which wraps around a lift shaft, located to the west of the oblique ward wing. The tower has an arched open basement and a hipped roof on stone brackets. There is an external entrance to the stair tower on the west face, now disused. Access to the west end of the upstairs corridor was provided via a similar stair tower north of the south west wing.

In 1893 two pavilion blocks were added to the north of the main hospital corridor. These two blocks are very similar to the earlier north blocks, but have different glazing and an extra impost band. Each ward was preceded by service rooms with open fires but was itself heated by a single, central stove.

A house was built at the extreme east end of the main corridor in 1893. It is of yellow brick with a slate hipped roof and is of two storeys with a basement. It has an external entrance with an open porch in the south west corner and a two storey cant bay on the south façade. The windows are regular sliding sash with flat rubbed heads. There is a stone plat band and brick stacks. There was an equivalent block of the same date at the west end of the hospital, which was subsumed by the new X-ray department in 1926.

## 2 The Site

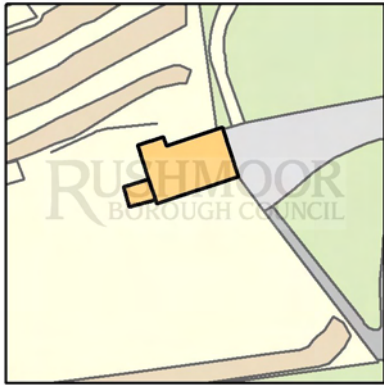
Map 4 Cambridge Military Hospital: Associated Buildings



## Descriptions of Associated Buildings

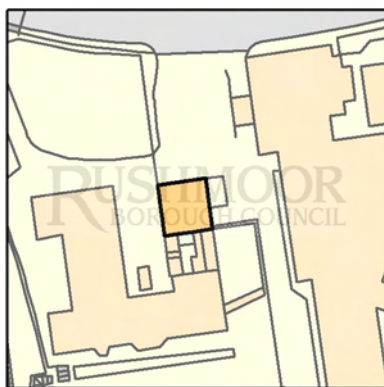
**Table 1 DESCRIPTION OF MORTUARY**

A single storey mortuary was built to the south east of the hospital in 1894. It is of yellow brick, with a double pitched slate roof. It originally comprised two chambers, the chapel to the east, which has an inserted north window, and the mortuary to the west.



**Table 2 DESCRIPTION OF WATER TOWER**

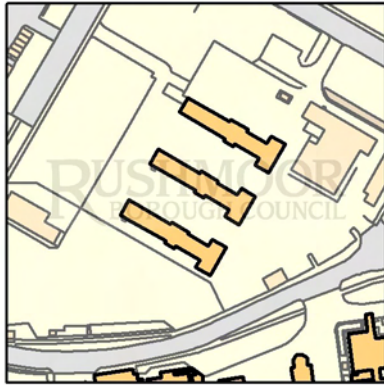
The water tower was erected in 1896 and is of yellow brick with wide eaves carrying a pyramidal slate roof with an ornate finial. It was constructed with two stages, but a plan of 1905 shows the proposed re-arrangement. The ground floor was the ambulance shed and clerk's offices while the first floor was office accommodation for an officer, the chief clerk and two additional clerks. There are two doors in the ground floor of the north face, which is blind above. The east and west facades have two round headed windows to both stages, those in the upper stage are within large recessed arches. There are two stacks on the west wall, corbelled out at first floor. The 1905 plan illustrates an elegant stair on the south elevation and a gallery on the east elevation.



## 2 The Site

**Table 3 DESCRIPTION OF MCGRIGOR BARRACKS**

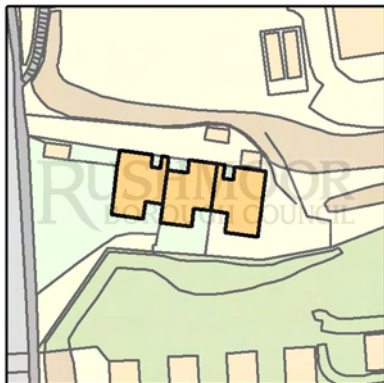
Situated to the north of the hospital McGrigor Barracks A, B and C were built before 1897. They are of red brick with decorative nailhead string courses and angle pilasters under slate roofs. The windows are sliding sashes with flat rubbed brick heads. Between 1897 and 19190 a fourth block was added to the McGrigor Barracks, built in the same materials and style. Block A has been demolished and comprises a parking area.



**Table 4 DESCRIPTION OF NIVE, NIVELLE AND WATERLOO LODGES**

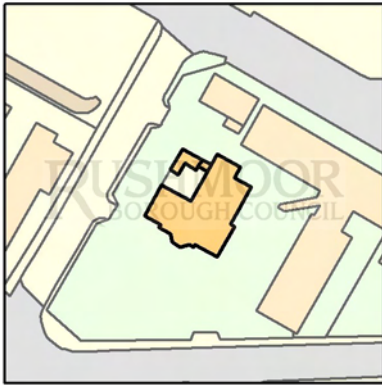
Located to the south west of the hospital these were built prior to 1897 and are a terrace of three properties of yellow brick under slate roofs. Each house is three bays wide, with two forward projecting bays, one having a gable with wooden bargeboards and the other carrying a tower with a pyramidal roof on a double stepped cornice. Below the cornice is a terracotta vent and below that a single band of nailhead, as used on the administration block. There is a double nailhead at first floor level. The doorways, protected by canopies on wooden brackets are in the sides of the towers.

The windows have segmental heads, stone cills and brick aprons. The properties have been subject to later extensions.



**Table 5 DESCRIPTION OF CAMBRIDGE HOUSE**

Built in 1901 as the Medical Officer's quarters it is a two-storey house of red brick with a slate roof and red ridge tiles located to the north of the administration block. There is a ground floor bay to the right of canopied doorway. The sash windows have flat rubbed brick heads and stone cills. The yard to the rear, with coal sheds and wc's and the detached coach house with two stalls and a saddle room, are intact.

**Table 6 DESCRIPTION OF GUN HILL HOUSE**

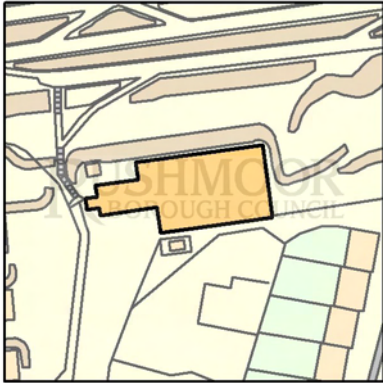
Gun Hill house built in 1907 was originally the Sister's quarters and was extended in 1938. Three storeys high, it is built of red brick in stretcher bond with rusticated stone quoins, stone window surrounds and first floor plat band. Originally 'U' shaped with a long south façade, a north wing was added 1938. The main stairs are located at the east end of the south front. There is a motto inscribed above the north door.



## 2 The Site

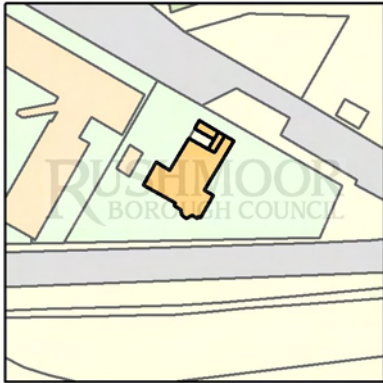
**Table 7 DESCRIPTION OF FORMER GYMNASIUM**

Built between 1897 and 1910, the former gymnasium is located on land to the south of the hospital, but had been converted to a medical store by 1931. It is of yellow brick with a slate roof. It has parquet flooring with service pipes under grilles down the centre and open, iron roof trusses. It is lit by large segmental-headed windows in the end walls and continuous clerestorey windows, north and south, operated by a system of rods with handles at ground level. On the west side is a hipped roof entrance block with a central vestibule, groined above the doorway, flanked by two rooms.



**Table 8 DESCRIPTION OF ST MICHAEL'S HOUSE**

St Michael's House was built 1910-1931. This is a red brick house of two storeys with a slate roof and red ridge tiles. It is smaller than Cambridge house and located further east. The doorway is canopied, with a cant bay tits right. The windows have segmental heads



**Table 9 DESCRIPTION OF LEISHMAN LABORATORY**

Built in 1931-1932, this is a single storey building in yellow brick laid stretcher bond with rusticated brick quoins wide eaves and slate hipped roof. In plan it is four bays square. The windows have flat, rubbed heads, stone cills and brick aprons. The doorway on the west side has a five pane transom light and a date plaque to its left (1932). There is a second external entrance on the south side, but the building can also be entered from the main corridor. A new Leishman Laboratory was constructed on the south side of the hospital in 1985.

**Table 10 DESCRIPTION OF DENTIST SCHOOL**

Single storey block between the Cambridge and Louise Margaret Hospitals. This single storey building was constructed between 1897-1910. Built of corrugated iron walls overlapping a red brick plinth it has hipped roof partly covered by slate with red ridge tiles and partly of asbestos tiles. There are hornless sash windows in timber frames. A small rendered block was added to the south at a later date, but has the same kind of windows.





## 2 The Site

**Table 11 DESCRIPTION OF LOUISE MARGARET HOSPITAL**

The Louise Margaret Hospital was finished in 1897 and was the largest family hospital to be erected by the Service. Its function was initially to care for the wives and children of servicemen, a use that continued until 1958 when its function and name changed to a maternity hospital. It was named after Princess Louise Margaret, the Duchess of Connaught whose husband, the Duke of Connaught, was the GOC of Aldershot Command at the time.

The Louise Margaret Hospital extends to the east of the Cambridge Hospital occupying the same escarp overlooking Aldershot town. The design complements the earlier hospital using yellow brick laid in stretcher bond, in an Italianate style with similar detailing, slate roofs and the use of corner towers for sanitary blocks. The administration block is of two storeys and constructed of yellow brick with gauged heads and rusticated jambs to the principal door. The Queen Mary's wing represents extensions to the north west and the south east built in 1926 in the style of the 1897 wards. The tower to the north of the northwest extension houses the sanitary accommodation, following the design employed at the Cambridge Hospital



**Table 12 DESCRIPTION OF NURSES RESIDENCE**

The building is similar to Gun Hill House. It is of two storeys, constructed of red brick in stretcher bond, with Portland stone for all the masonry dressings. The plan is roughly 'U' shaped. It is linked to the hospital by a covered way, the principal faced of which is decorated.



## Principles of Development

The Cambridge Military Hospital has stood empty for some time and has no future as a modern military hospital. It is important nationally for its historic associations and as a local landmark, which is highly visible from major roads and the town centre.

The Council's preferred use for the Cambridge Military Hospital is conversion to a high quality, well-designed residential use, incorporating a mix of appropriate ancillary uses to encourage vitality throughout the day. Innovative thinking and ingenuity of design will be expected and needed to ensure that the character of the building and its internal and external spaces are retained and enhanced.

Any proposals associated with the Hospital must ensure that historic fabric, proportions and spaces, together with views and the wider setting are safeguarded and that an appreciation for the landmark is retained. Proposals must be properly justified, explaining how the issues have been addressed.

### 3.1 Parking

The Cambridge Military Hospital is situated, within walking distance of Aldershot town centre (about 400 metres to the south) and the Aldershot train and bus stations (700 metres). The relatively steep slope between the site and Aldershot may deter people walking or cycling and will restrict the site's accessibility.

The Borough Council's current requirements in relation to car parking are set out in the Supplementary Planning Document. The guidance in PPG13 indicates that opportunities to achieve the shared use of car parking facilities should be taken to minimise overall requirements.

However, the Council will expect a realistic approach to parking provision and will expect any applicant to be able to justify the potential impact on the character and appearance of the historic buildings. Where possible the dual use of car parking should be investigated and throughout the site, the location of car parking should be sympathetic to the scale and original landscape design of the site.

The developer will be expected to prepare a parking strategy as part of any proposal to define the level, type and location of parking that will be provided, in consideration of the realistic levels of accessibility.

Car parking levels should support the effective management of demand for travel by car given the likely occupiers of the development, whilst accommodating an appropriate and safe level of parking that does not adversely affect the character or appearance of the Hospital or its setting.

The location of car parking should be sympathetic to the scale and openness of the existing site. While the area to the north of the Hospital could accommodate parking it is important that car parking does not dominate this area. To the south limited decked parking may be possible along the edge of the scarp.

Designated parking for people with disabilities must be provided to appropriate design specifications and be situated in appropriate locations to ensure ease of access. However, particular care must be taken to ensure that markings and signage do not adversely affect the character, appearance or setting of the Hospital.

## 3 Principles

Sufficient cycle parking should be considered to actively encourage local cycle journeys to arrange of different uses. It should be located in areas with good surveillance, but should not adversely affect the setting of the Hospital.

### 3.2 Landscape

The Council will expect the removal of the later insertions between the Hospital wings on the south elevation and the restoration of the original landscaped garden areas.

### 3.3 Affordable Housing

The Council recognises the potentially high costs involved in a high quality, well-designed conversion and the potential impact that providing affordable housing can have on commercial viability. The Council's priority is to ensure the sensitive conversion of the of the Hospital for a viable long-term use and is willing to take a flexible approach to the delivery of affordable housing where it can be adequately demonstrated to the satisfaction of the Local Planning Authority that this is necessary to achieve a successful conversion.

### 3.4 Sustainability Aspirations

Proposal for the Hospital should demonstrate a contribution towards sustainable building, but not at the expense of the historic fabric or its character or appearance.

### 3.5 Infill Development

There are several areas identified where new infilling or replacement development may be acceptable. Any new development must take account of the Hospital, the character of the conservation area and the surrounding historic buildings. New development must be sympathetic in design, scale and materials to its surroundings.

### 3.6 Ecology

Ecological area, green corridors and the scarp should be protected and enhanced. Overall, there should be no net loss of open space. It is expected that connections to the surrounding area will be developed and woodland, trees and green areas will be protected.

### 3.7 Archaeological Matters

The developer will need to address the potential archaeological issues of development through desk based assessment and where necessary fieldwork, in order to satisfy the planning authority that the archaeological implications of the development have been fully considered and appropriate mitigation measures prepared and approved.

## Implementation 4

It is important that development proposals are prepared within an overall framework for the whole Hospital site in accordance with development plan policies and the guidance contained in this planning brief. Planning applications for any part of this site will need to have regard to the implications for the remainder of the Aldershot Urban Extension.

Detailed planning applications will be required for proposals to the Cambridge Military Hospital, together with the appropriate listed building consent and conservation area consent. Conservation area consent for demolition and detailed planning applications also be required for new infill development.

The Council will positively encourage pre-application discussions to establish the form, appearance and scale of development, which could then form the basis of a detailed planning application.

Any applications submitted to the Council must form part of a comprehensive scheme for the AUE site as a whole so that the wider strategic such as the Thames Basin Heaths Special Protection Area, infrastructure and affordable housing can be addressed.

It will be expected that any Listed Building application is supported by a full condition survey to the satisfaction of the Local Planning Authority and a scheme of feasibility testing.

## 5 Alternative Uses

The Cambridge Military Hospital site provided care and accommodation for a significant number of people and it is inevitable that any future use of the site will involve a reduced level of activity than in the past.

Since the redevelopment of the site is expected to involve a mixed use scheme, it will be important to minimise any adverse impacts between land uses within the site and with those activities and uses on the adjacent sites, existing or proposed.

### **Residential use**

Residential use would be acceptable in principle, although it should not form the single use for the whole site. The main hospital may be suitable for conversion to residential apartments.

### **Employment use**

Employment use (Class B1) would be acceptable in principle. There are a variety of existing buildings, which may be suitable for office use. Light industrial uses are likely to be incompatible with the historic fabric.

### **Retail use**

Retail use would be acceptable in principle, as part of a mixed-use scheme. It should be based on small shop units providing a district facility, and should relate to the Aldershot Urban Extension located to the north of the site. Proposals for retail use must demonstrate no adverse impact on Aldershot town centre.

Restaurant, café or drinking establishments would be acceptable in principle, as part of a mixed-use scheme.

### **Leisure and hotel use**

Leisure uses such as health club and gymnasium would be acceptable in principle, where existing buildings are suitable for conversion.

Hotel use would be acceptable in principle, with the Cambridge Hospital, Gun Hill House or the Louise Margaret being most likely to be suitable for conversion.

The precise arrangement for land uses will be determined through planning applications. A number of different combinations could be possible and these need to be considered on a building by building basis.

It is of paramount importance that any new use respects the historic character of the building. It should adapt to the historic spaces and respect the original plan form, considering how service and legislative requirements can be accommodated at an early stage.

Some of the possible alternative uses for the buildings are listed below:

## Alternative Uses 5

Table 13 Cambridge Military Hospital and associated buildings: possible uses

Name of building	Possible uses
<b>Cambridge Military Hospital</b>	<ul style="list-style-type: none"> <li>■ Residential apartments (Class C3)</li> <li>■ Offices (Class B1)</li> <li>■ Retail (Class A1)</li> <li>■ Hotel (Class C1)</li> <li>■ Health Club/Gym (Class D2)</li> <li>■ Restaurant/Café (Class A3)</li> <li>■ Drinking Establishment (Class A4)</li> <li>■ Children's Nursery (Class D1)</li> <li>■ Vet Class (Class D1)</li> <li>■ Health Centre/Dentist (Class D1)</li> </ul>
<b>Mortuary</b>	<ul style="list-style-type: none"> <li>■ Offices (Class B1)</li> <li>■ Children's Nursery (Class D1)</li> </ul>
<b>Water Tower</b>	<ul style="list-style-type: none"> <li>■ Offices (Class B1)</li> <li>■ Residential apartment</li> <li>■ Offices (Class B1)</li> <li>■ Restaurant/Café (Class A3)</li> <li>■ Drinking Establishment (Class A4)</li> </ul>
<b>McGrigor Barrack</b>	<ul style="list-style-type: none"> <li>■ Offices (Class B1)</li> <li>■ Residential apartments</li> <li>■ Health Club/Gym (Class D2)</li> <li>■ Restaurant/Café (Class A3)</li> <li>■ Drinking Establishment (Class A4)</li> </ul>
<b>Nive, Nivelles and Waterloo Lodges</b>	<ul style="list-style-type: none"> <li>■ Residential (Class C3)</li> </ul>
<b>Cambridge House</b>	<ul style="list-style-type: none"> <li>■ Residential (Class C3)</li> <li>■ Offices (Class B1)</li> <li>■ Restaurant/ Café (Class A3)</li> <li>■ Drinking Establishment (Class A4)</li> </ul>
<b>Gun Hill House</b>	<ul style="list-style-type: none"> <li>■ Residential (Class C3)</li> <li>■ Offices (Class B1)</li> <li>■ Restaurant/Café (Class A3)</li> <li>■ Drinking Establishment (Class A4)</li> </ul>
<b>Former Gymnasium</b>	<ul style="list-style-type: none"> <li>■ Health Club/Gym (Class D2)</li> </ul>

## 5 Alternative Uses

Name of building	Possible uses
	<ul style="list-style-type: none"> <li>■ Restaurant/Café (Class A3)</li> <li>■ Drinking Establishment (Class A4)</li> </ul>
<b>St Michael's House</b>	<ul style="list-style-type: none"> <li>■ Residential (Class C3)</li> <li>■ Offices (Class B1)</li> </ul>
<b>Louise Margaret Hospital</b>	<ul style="list-style-type: none"> <li>■ Residential apartments (Class C3)</li> <li>■ Offices (Class B1)</li> <li>■ Retail (Class A1)</li> <li>■ Hotel (Class C1)</li> <li>■ Health Club/Gym (Class D2)</li> <li>■ Restaurant/Café (Class A3)</li> <li>■ Drinking Establishment (Class A4)</li> <li>■ Sheltered Accommodation (Class C2)</li> <li>■ Over 55 Accommodation (Class C3)</li> </ul>
<b>Nurses Residence</b>	<ul style="list-style-type: none"> <li>■ Residential apartments (Class C3)</li> <li>■ Offices (Class B1)</li> <li>■ Retail (Class A1)</li> <li>■ Hotel (Class C1)</li> <li>■ Health Club/Gym (Class D2)</li> <li>■ Restaurant/Café (Class A3)</li> <li>■ Drinking Establishment (Class A4)</li> <li>■ Sheltered Accommodation (Class C2)</li> <li>■ Over 55 Accommodation (Class C3)</li> </ul>

## Repair and Maintenance 6

The Council has expectations regarding the repair and maintenance of the Hospital and the surrounding historic buildings, which will have an impact on the resources a prospective developer will need to have available. In order that appropriate costs can be allocated at an early stage and factored into any viability study, the following provides an overview of the basic requirements.

Many building professionals are trained and experienced only in modern building construction methods and generally this makes them unable to deal with an old building satisfactorily.

Any works to the historic buildings at the site need to be informed by experienced professionals, independent advisers and competent tradespeople who are knowledgeable about historic buildings and trained in working with them.

The most notable causes of building failure or decay are poor construction, inappropriate repairs or neglect. Condensation inside poorly ventilated buildings can cause mould growth and in extreme cases, timber rot. Tremendous damage can be caused by wood boring insects and fungi in warm, damp unventilated conditions

**Roof Coverings** – Re-use existing sound slates. Any replacements must be of matching colour, size and thickness and where possible from the same source as the original slates.

**Ridges and Hips** – Clay ridge and hip tiles should be re-used and matched, most types being readily available. Ornamental ridge tiles should be re-used and matched or replaced where appropriate. Lead roll details should be retained and reinstated.

**Metal Roofs and Flashings** – No hot work should be carried out on the buildings. Mastics and repair tapes should not be used. Chimneys should have ‘soakers’ re-instated where necessary.

**Roof Timbers** – Chemical treatments are not generally considered to be appropriate. Depending on the scope of the work, the cutting out and replacement of affected structural members is not considered to be a repair and will require consent from the Local Planning Authority.

The ‘defrassing’ of timbers is not generally considered to be an acceptable process. Any structural faults need a written analysis to be submitted to justify an appropriate course of action. All repairs should be undertaken using traditional carpentry methods, retaining as much of the existing material as possible. The ‘straightening’ of crooked roofs is unacceptable in principle.

**Chimney Stacks** – The removal of chimney stacks both internally and externally is unacceptable in principle. Broken or missing pots must be replaced and flaunchings reinstated. Unused stacks can be capped, but must be appropriately ventilated.

**Gutters, Hopper Heads and Rainwater Pipes** – Rainwater goods should be repaired and reinstated in an appropriate material and style. Replacement in PVCu is unacceptable in principle. Any vegetation should be removed and treated and any damage made good. Bird/leaf guards must be fitted to the tops of all soil pipes and rainwater outlets to prevent blockages. Electric heating tape should be installed in inaccessible locations to prevent ice and snow build up around hopper heads and flashings.

**Brickwork** – Repointing should only be undertaken where necessary and once the cause has been identified and rectified. New mortar should match the traditional mortar in terms of its type, colour and joint profile. Any deformations of the brickwork should be monitored before a solution is proposed.



## 6 Repair and Maintenance

Proposals for the method of removing staining, paint or graffiti will need to be approved by the Local Planning Authority. The painting of existing brickwork or use of colourless water-repellent coatings is unacceptable in principle.

**Stone** – Repairs to stonework should be by piecing in new natural stone material. Proposals for the method of removing staining, paint or graffiti will need to be approved by the Local Planning Authority. The painting of existing brickwork or use of colourless water-repellent coatings is unacceptable in principle.

**Mortar** – Mortar should not be harder than the masonry itself. Mortar mixes should contain well-graded aggregates. Colour should match the mortar of the building on which work is being undertaken, using additives where necessary as this has a significant impact on the visual appearance of the brickwork.

**Render** – Renders should normally be of a traditional lime based type. Detail of Stucco must reflect traditional patterns. The final coat should be a lime wash or oil based paint, modern impermeable paints are unacceptable in principle.

**External Joinery** – All external joinery must be repaired. Where replacement is the only option a replica detail should be provided. Glazing should be recovered and re-used, where new glazing is required modern cylinder glass should be used as modern flat glazing will be unacceptable. Fanlights should be repaired and reinstated. Replicas should only be installed where absolutely necessary and with a reasoned justification. The tops of door cases, canopies and porches need appropriate coverings and flashings to protect them from the weather. Where these are missing, damaged or omitted from the original design, they shall be inserted. All softwood joinery should be painted with three coats of oil based or micro-porous paint.

**Internal Walls** – Lath and plaster walls that have failed should be repaired and reinstated using traditional methods.

**Ceilings and Floors** – lath and plaster ceilings should be repaired and reinstated using traditional methods. The wholesale removal of ceilings as a result of damage from water penetration or neglect is considered unnecessary and unacceptable. Cornices and other enrichments will need to be repaired and where damaged beyond repair will need to be replicated. The choice of plaster should be based on analysis of the original material. Flooring should be retained, repaired where necessary and matched if missing or damaged. Final finishes of exposed floorboards should be wax as modern polyurethane varnish is not normally acceptable. Any suspended ground floors must be ventilated to outside air using traditional vents, PVCu vents are considered unacceptable.

**Fireplaces** – All fireplaces should be retained and repaired. Where it is proposed to insert a gas fire a flexible steel flue liner must be fitted.

**Electrical Installation** – Cutting chases in plaster for cables and pipes requires careful consideration and should be kept to a minimum and reinstated using traditional methods and materials. Cables and pipes should be threaded through holes drilled for the purpose at mid-depth through joists. Where notches are absolutely necessary they should be at the edge of the floor.

# Repair and Maintenance 6

**Table 14 Summary Do's and Don't's**

Do	Don't
Use suitably qualified professionals	Allow serious defects to remain
Repair rather than restore or replace Respect the building's character and history and make sure new work is sympathetic	Repair with unsympathetic materials
Avoid unnecessary work	Attempt to 'improve' by altering the original appearance
Study the history of the building and how it has changed	Use unsuitable 'off the peg' architectural elements
Analyse the cause of the defect	Rely on commercially based claims for any product or technique
Use only traditional materials and proven techniques	Use so called 'maintenance free' products
Re-use salvaged materials	Remove or demolish any original element
Remedy previous bad repairs	Replace windows or doors in non-original patterns or materials
Remove disfiguring alterations or additions	Do any work without having obtained the required consents.
Adopt correct priorities for repair	
Obtain necessary planning and legal consents	

## 7 Further Information

### Contacts

Rushmoor Borough Council Website: [www.rushmoor.gov.uk](http://www.rushmoor.gov.uk)

Planning Services  
Rushmoor Borough Council  
Council Offices  
Farnborough Road  
Farnborough  
Hants  
GU14 7JU

Telephone: 01252 398398

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Rushmoor Planning email address: [plan@rushmoor.gov.uk](mailto:plan@rushmoor.gov.uk)

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Rushmoor Borough Council 100024264

## Further Information 7

**Utilities in Rushmoor****Property Insight Services (Thames Water)**

Rose Kiln Court  
Rose Kiln Lane  
Reading  
Berkshire  
RG2 0HP

**Scotland Gas Networks**

Plant Location  
95 Kilbimie Street  
G5 8JD

**Southern Electric**

Mapping Services  
PO Box 620-6 Basingstoke  
Hampshire  
RG24 8BW

**Virgin Media**

National Plant Enquiries  
Administration Centre South West  
Access Network Administration  
Talbot Way  
Small Heath  
Birmingham  
B10 0HJ

**South East Water**

Boxalls Lane  
Aldershot  
Hampshire  
GU11 3QR

**Environment Agency**

Environment Agency  
Swift House  
Frimley Business Park  
Camberley  
Surrey  
GU16 7SQ