

**BEFORE THE HEARINGS PANEL
FOR THE CENTRAL OTAGO DISTRICT COUNCIL**

UNDER the Resource Management Act 1991

IN THE MATTER of RC240033 an application for land use consent to construct a second residential dwelling in the Rural Residential Area at 353 Dunstan Road, Alexandra

BY **NATASHA WILLIAMS**
Applicant

EVIDENCE OF PETER WILLIAMS

Dated: 2 December 2024

Statement of evidence of Peter Williams

Introduction

- [1] My name is Peter James Williams.
- [2] I am the father of the Applicant, Natasha Williams (the **Applicant**). Natasha owns the subject site located at 353 Dunstan Road, Alexandra, legally described as Lot 1 DP 316193 (**Site**).
- [3] While Natasha is the owner, it is intended that, upon the completion of the barn, my wife Hanna and I are to also reside at the Site in the refurbished barn.
- [4] I make this statement in support of the Application.

Background to the application

- [5] My wife and I are both New Zealand citizens and are in our late sixties. I recently retired as a Director of EBOS Group Limited. We currently own and live at a property at Drift Bay, Queenstown. However, recent life and health-related events have meant that we are now seeking to live closer to family, in Alexandra.
- [6] In 2022, I was diagnosed with prostate cancer. While I am currently cancer-free following successful radiation therapy, in 2023 Hanna was diagnosed with Primary Progressive Aphasia, a degenerative neurological condition linked to Frontal Temporal Dementia. This diagnosis has necessitated significant lifestyle adjustments, including myself taking the role of Hanna's primary caregiver.
- [7] An *Otago Daily Times* article dated 28 June 2024, which explains the background to Hanna's condition, as well as expanding on our move to Central Otago and constructing the barn, is attached as **Appendix A**.
- [8] To better manage Hanna's needs and maintain proximity to family, we plan to construct a residence at the Site, where Tash and her partner Kieran reside. This arrangement will enable them to provide additional support as Hanna's condition progresses.

The barn

- [9] The proposal is a single-storey, barn-style dwelling, designed with features suitable for aging residents, including easy access, open-plan living, and low-maintenance requirements. A mezzanine level will provide guest accommodations for our elder daughter Vanessa, and her family, and a third bedroom is planned to house a caregiver.
- [10] We are admirers of the rural character and amenity of Alexandra and the Dunstan Road area. The development aligns with our intention to enhance the rural character of the Site. To this end, we have acquired a 150-year-old barn frame from Ohio, USA, which will be repurposed as the structural foundation for the dwelling. This frame has arrived in New Zealand and is currently in Lyttelton.
- [11] A picture of the barn, as it was in Ohio, is attached as **Appendix B**.
- [12] The barn has unique features, is made from high-quality materials, and has historical significance. This makes it an exceptional structure for the Site, aligning with both practical and heritage considerations. I believe its relocation and incorporation into the Site will enhance the rural character and amenity both for the owners and the community.
- [13] Our choice of building location on the property is deliberate, prioritising infertile land with minimal agricultural potential. The proposed site is flat, accessible, and in close proximity to the existing residence. It avoids the fertile areas planned to accommodate an orchard expansion, supporting Natasha and her partner's business operations.

Planning issues

- [14] We were disheartened to receive the Council Planner's report, which raised concerns about cumulative effects, rural amenity value, density, and overall site suitability. We consider these concerns to be overstated.
- [15] Our application was lodged in April 2024. Only in November did the Council Planner suggest an alternative site as potentially acceptable. This last-minute suggestion is impractical to consider or investigate within the timeframe, particularly given the engineering, environmental, and logistical implications of such a change. The 'alternative site' would

compromise the orchard expansion (as above) and impact our daughter's water rights associated with the Manuherikia water race.

- [16] The report also notes several issues with the height of the proposed barn and skyline breaches in particular. However, the barn frame is the barn frame - it cannot be altered. As with all barns, it has a steep pitch, here resulting in a small breach of the skyline when viewed from specific locations on Dunstan Road. However, the amended proposal, as proposed by Messrs Tyler and Kloosterman, has changed the positioning of the proposal, lessening these effects.
- [17] Our proposal is supported by our immediate neighbours (Gordon and Julie McGregor, and Allan and Annette Potter), with their APAs being provided. The barn-style design respects the rural aesthetics of the area. Additionally, the development will not impede the visual or environmental character of the property, which aligns with the surrounding vineyards and orchards.

Conclusion

- [18] This application is driven by personal and practical needs stemming from significant health challenges and the necessity for a supportive living arrangement close to family. The proposed barn-style dwelling is thoughtfully designed to suit the rural character and amenity of the area.
- [19] Concerns raised in the s 42A report regarding height, cumulative and character effects, and site suitability are, in my view, overstated. The barn's design is largely unalterable due to its historic structure, and any visual impact is limited to a small portion of the skyline. The late suggestion of an alternative site is impractical within the timeframe and incompatible with the property's intended use. The immediate neighbours have also provided APAs.
- [20] I respectfully request that the resource consent application be granted.

Support vital for rare aphasia type

By Julie Asher

Regions > Central Otago



Hana and Peter Williams are adapting to Mrs Williams' primary progressive aphasia diagnosis, which has changed their lives. An article in the Otago Daily Times was a key to discovering what was wrong with Mrs Williams.

June is Aphasia Awareness Month. The condition which affects people's ability to speak can have a number of causes including stroke and head injury. Julie Asher spoke to a Central Otago woman with a less common form of aphasia which is progressive.

It is never fair when an unexpected, incurable condition is diagnosed but when a multi-lingual woman is told she will ultimately lose the power of speech it seems especially cruel.

Hana and Peter Williams met in Zurich. Mrs Williams is of Ethiopian and Swiss descent. Mr Williams was bought up on the West Coast.

The couple met while Mr Williams was on his OE more than 45 years ago. They lived in Ethiopia for 10 years while their two daughters were young. They eventually settled in Queenstown before recently moving to Clyde.

During lockdown the Williams' realised something was not quite right with Mrs Williams. She was finding it hard to say what she wanted, was less spontaneous and had become withdrawn.

It was quite a journey to find out what the problem was, Mr Williams said.

Their GP diagnosed depression and anxiety. However, that did not sit well with the couple. They changed doctors and kept searching, even though they went down a number of dead ends.

"The system can be a daunting path if you don't know what you have," he said. They went from Queenstown to Napier in 2021 to see a gerontologist and neuro-psychologist but were still not finding any answers.

In June 2022 while aimlessly leafing through the *Otago Daily Times* he came across a feature on aphasia awareness month.

"It summed Hana up."

They contacted Aphasia New Zealand and began down the path of identifying Mrs Williams' condition.

It would take another year before they finally had a diagnosis of primary progressive aphasia, a fairly rare condition with about 30 to 40 families known to be affected by it in New Zealand, Mr Williams said.

Aphasia could more commonly be a result of a head injury or stroke. With those there was a possibility of improvement with therapy. For those with Mrs Williams' condition, there was only progressive decline.

Mrs Williams was as intellectually able as she had ever been with a good memory, but struggled to translate her thoughts into words.

"I know in my head what it is but can't say it. It's hard," she said.

While it was difficult being diagnosed with a condition that would not improve, they could then begin to plan their future.

Moving to Central Otago from Queenstown was the first step. Leaving their dream home and the garden Mrs Williams loved was a wrench.

"I don't like it," she said.

However, they plan to build a small home on their daughter's property. Being closer to both their daughters and their families would become even more important and a great comfort as Mrs Williams' condition worsened, Mr Williams said.

The social life and activities that had filled their days were no longer possible. "Ultimately we would have been rattling around in this great big house doing nothing."

The support from Aphasia New Zealand had been outstanding, Mr Williams said.

A regular meeting for people with primary progressive aphasia and their families was very helpful.

Resources such as a tablet app that allowed Mrs Williams to use electronic flashcards with messages such as "I'm hungry" or " I don't feel well" had transformed their communication, he said.

Mrs Williams thought processing time had slowed and she had given up driving. Mr Williams' efforts at learning to cook were proving challenging for them both while providing amusement for Mrs Williams.

"I've been looked after all my life and now I am having to be the carer. I don't even know how to boil an egg. This a role change we didn't sign up for but we are so blessed to have two daughters that followed us to New Zealand and Central Otago," Mr Williams said.

It seemed few in the medical profession knew about primary progressive aphasia.

"They think you can see a speech therapist, but this won't get better."

Anyone concerned about their health had to be proactive and keep pushing for answers. Doing that had kept them ahead of the curve in making decisions, he said.

"Face it, accept it and deal with it."

Appendix B – The barn

