

Name of the Local Plan to which this representation relates:

Vale of White Horse Local Plan

Response form for the Vale of White Horse strategic planning policy document, the Local Plan Part one. Please return to Planning Policy, Vale of White Horse District Council, Benson Lane, Crowmarsh, Wallingford, OX10 8ED or email planning.policy@whitehorsedc.gov.uk no later than Friday 19 December 2014 by 4.30 pm precisely.

This form has two parts –

Part A – Personal Details

Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make.

Part A

| 1. Personal Details* | | 2. Agent's Details (if applicable) | | | | | |
|---|---------------------------------|------------------------------------|--|--|--|--|--|
| *If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in 2. | | | | | | | |
| Title | | | | | | | |
| First Name | | | | | | | |
| Last Name | | | | | | | |
| Job Title | | | | | | | |
| (where relevant) Organisation | Sutton Courtenay Parish Council | | | | | | |
| (where relevant) | | | | | | | |
| Address Line 1 | 90 Howard Cornish Road | | | | | | |
| Line 2 | Marcham | | | | | | |
| Line 3 | Abingdon | | | | | | |
| Line 4 | Oxon | | | | | | |
| Post Code | OX13 6PU | | | | | | |
| Telephone Number | 01865 391833 | | | | | | |
| E-mail Address (where relevant) | info@suttoncourtenay-pc.gov.uk | | | | | | |

Part B – Please use a separate sheet for each representation

| Name or Org | ganisation : | | | | | |
|---|--|--------------------|--|-----------------------------|---|--|
| 3. To which part of the Local Plan does this representation relate? | | | | | | |
| Paragraph | Spatial Strategy 4.6 | Policy | Proposals Ma | ар | | |
| 4. Do you consider the Local Plan is : | | | | | | |
| 4.(1) Legally | compliant | Yes | Х | No | | |
| | | | | | | |
| 4.(2) Sound Effective and | (Positively Prepared J Justified) | Yes | | No | х | |
| 4 (3) Complie operate | es with the Duty to c | ^{o-} Yes | x | No | | |
| Please mark as appropriate. | | | | | | |
| is unsound o possible. If you wish to | ve details of why you or fails to comply with o support the legal co with the duty to co-op | the duty to co-ope | erate. Please be a dness of the Local | s precise as Plan or its | | |

(continue on a separate sheet/expand box if necessary)

6. Please set out what modification(s) you consider necessary to make the Local Plan legally compliant or sound, having regard to the test you have identified at 5 above where this relates to soundness. (NB Please note that any non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why this modification will make the Local Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

There is reference to a joint Science Vale Action Plan with South Oxfordshire District Council, but there is no detail. Given that Sutton Courtenay is included in the Science Vale area how can the Parish Council comment on this plan without considering the Action Plan in tandem. This is a consultation with only partial information. Evidence as to the action plan should be provided.

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested modification, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage.

After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues he/she identifies for examination.

7. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the examination?



No, I do not wish to participate at the oral examination

Yes, I wish to participate at the oral examination

8. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:

Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the examination.

Signature:

Date:

18th December, 2014