



**Vale of White Horse Local Plan Part One:
Strategic Sites and Policies**
Publication Stage Representation Form

Ref:

(For official
use only)

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*

**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.*

2. Agent's Details (if applicable)

Title	Ms	
First Name	Elizabeth	
Last Name	Bennett	
Job Title (where relevant)	Retired / District Councillor (Elizabeth Miles)	
Organisation (where relevant)	Vale of White Horse DC	
Address Line 1	Greenwood	
Line 2	Hamels Lane	
Line 3	Boars Hill	
Line 4	Oxford	
Post Code	OX1 5DJ	
Telephone Number		
E-mail Address (where relevant)		

Part B – Please use a separate sheet for each representation

Name or Organisation : Elizabeth Bennett

3. To which part of the Local Plan does this representation relate?

Paragraph

Policy

1, 7 and 13

Proposals Map

4. Do you consider the Local Plan is :

4.(1) Legally compliant

Yes

x

No

4.(2) Sound (Positively Prepared, Effective and Justified)

Yes

No

x

4 (3) Complies with the Duty to co-operate

Yes

No

x

Please mark as appropriate.

5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible.

If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

Please see end of document.

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.

Policy 1 Modification

In my opinion the SHMA figures should be looked at again based on firmer and more realistic values for population growth and economic growth. Oxford's Green Belt is crucial for the future.

Policy 7 Modification

I am particularly interested in the sites in North Abingdon, Radley, Kennington and Cumnor. The local communities should be heard.

Policy 13 Modification

Each of the 18 sites shown are very important in maintaining the Green Belt and should not be removed. All these sites and Areas of Natural Beauty that are marked as being possibly removed from the Green Belt need to be reviewed county-wide.

In my opinion the plan contravenes the Government's own policy and guidance for the Green Belt and I believe there is evidence locally that many of these sites contravene one or more key principles of the Green Belt.

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:

19/12/2014