

Vale of White Horse Local Plan Part One: Strategic Sites and Policies

Publication Stage Representation Form

(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*		2. Agent's Details (if applicable)		
	se complete only the Title, Name and Organisation full contact details of the agent in 2.			
Title	Dr			
First Name	Lloyd			
Last Name	Czaplewski			
Job Title (where relevant) Organisation				
(where relevant) Address Line 1	123 Alexander Close			
Address Line 1	123 Alexander Close			
Line 2	Abingdon			
Line 3				
Line 4				
Post Code	OX14 1XD			
Telephone Number				
E-mail Address (where relevant)				

Part B – Please use a separate sheet for each representation

•						
Name or Org	anisation :					
3. To which p	part of the Loca	al Plan does	this represent	ation relate?		
Paragraph	408	Policy	СР3	Proposals N	Map Appendix A pa	ge 9
4 Do you co	noider the Loca	al Dlan is :		_		
•	4. Do you consider the Local Plan is: 4.(1) Legally compliant					
T.(1) Logaily	Соттрист		Yes	Yes	No	
. (0) 0	- w . b					
4.(2) Sound (Positively Prepared, Effective and Justified)		Yes		No	No	
4 (3) Complies with the Duty to co- operate		y to co-	Yes	Yes	No	
Please mar	k as appropria	te.				
is unsound o possible. If you wish to	r fails to complor support the le	ly with the du	der the Local F uty to co-opera nce or soundno , please also us	ate. Please be less of the Loc	cal Plan or its	
(continue on	a separate she	et/expand t	box if necessar	ry)		
or sound, have Please note to examination) sound. It will text. Please to	ving regard to that any non-control You will need be helpful if you as precise as	the test you ompliance who say why ou are able to as possible.	have identified with the duty to this modification o put forward y	d at 5 above w co-operate is ion will make to your suggeste	ake the Local Plan legales to so incapable of modificate he Local Plan legally direvised wording of a	oundness. (NB ation at compliant or any policy or
none are planne unnecessary bu	ed. If approved up to rden on the local re	to 1600 cars a coad infrastructu	day will make 320 ure. With the main	00 journeys in and n employment site	on sites have no local job on sites have no local job on dout of the location to work is to the South of Abingdom is – Why build in North Ab	placing , with a

Please note your representation should cover succinctly all the information, evide 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	Э
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 part of the examination?	e oral
No No, I do not wish to participate at the oral examination Yes, I wish to participate at the oral examination	ne
8. If you wish to participate at the oral part of the examination, please outline why you consider th be necessary: \Box	is to
Please note the Inspector will determine the most appropriate procedure to adopt to hear those w	/ho
have indicated that they wish to participate at the oral part of the examination.	
Signature: Date:	18 Dec 2014