

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	Name	of	the	Local	Plan	to	which	this	rep	orese	entatio	n relat	es:
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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

Personal Details*		2. Agent's Details (if applicable)
	e complete only the Title, Name and Organisation ull contact details of the agent in 2.	
Title		Mr
First Name		James
Last Name		Stewart-Irvine
Job Title (where relevant)		Associate Planner
Organisation	Gallagher Estates and Gleeson Homes (Southern)	Savills
(where relevant) Address Line 1		Wytham Court
Line 2		11 West Way
Line 3		Oxford
Line 4		
Post Code		OX2 0QL
Telephone Number		01865 269000
E-mail Address (where relevant)		JSIrvine@Savills.com

Part B – Please use a separate sheet for each representation

Name or Organisation :				
3. To which part of the Local Plan does this representation relate?				
Paragraph Policy	Appendix A	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 	х
4 (3) Complies with the Duty to co- operate	Yes	Х	No	
Please mark as appropriate.				
 Please give details of why you consist unsound or fails to comply with the copossible. If you wish to support the legal compliance with the duty to co-operate comments. 	duty to co-operance or soundr	ate. Please be as p	recise as an or its	
Please refer to the attached letter.				
6. Please set out what modification(s) or sound, having regard to the test you Please note that any non-compliance vexamination). You will need to say why sound. It will be helpful if you are able text. Please be as precise as possible.	i have identified with the duty to you this modificat to put forward	d at 5 above where co-operate is incar ion will make the Lo	this relates to soun pable of modification ocal Plan legally con	dness. (NB n at npliant or
Please refer to the attached letter.				

Please note your representation should cover suc and supporting information necessary to support/journally suggested modification, as there will not normally make further representations based on the original	ustify the representation and to be a subsequent opportunity t	he o
stage. After this stage, further submissions will be or Inspector, based on the matters and issues he examination.	•	
7. If your representation is seeking a modification, do you copart of the examination?	nsider it necessary to participate at	the oral
No, I do not wish to participate at the oral examination	Yes, I wish to participate at oral examination	: the
 If you wish to participate at the oral part of the examination of the examination 	on, please outline why you consider	this to
<u> </u>		
Please note the Inspector will determine the most appropria have indicated that they wish to participate at the oral part o		who
and marked that they men to participate at the ordinate		
Signature:	Date:	19.12.2014
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