Vale of White Horse District Council	Vale of White Horse Local I Strategic Sites and F Publication Stage Represe	Ref: (For official use only)						
Name of the Local Plan to	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 applicable)							
* If an agent is appointed, please c boxes below but complete the full	omplete only the Title, Name and Organisation contact details of the agent in 2.							
Title	Mr	Miss						
First Name	Bill	Gemma						
Last Name	Kler	Field	Field					
Job Title		Senior Planner						
(where relevant)								
Organisation	Kler Group	Barton Willmore	Barton Willmore					
(where relevant) Address Line 1		Regent House						
Line 2		Princes Gate	Princes Gate					
Line 3		4 Homer Road	4 Homer Road					
Line 4		Solihull	Solihull					
Post Code		B91 3QQ						
Telephone Number								
E-mail Address	[]							
(where relevant)								

Part B – Please use a separate sheet for each representation

Name or Organi	sation :								
3. To which part of the Local Plan does this representation relate?									
Paragraph		Policy	Core Policy 15	Proposals	Мар				
4. Do you consider the Local Plan is :									
4.(1) Legally cor	npliant		Yes			No	х		
4.(2) Sound (Po Effective and Ju		ed,	Yes			No	Х		
4 (3) Complies v operate	vith the Duty to	co-	Yes	N/A		No	N/A		

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 accompanying Letter

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.

Please see accompanying letter

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

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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:

Given the importance of the spatial growth strategy of the District and that Core Policy 15 is not considered to be either sound or legally compliant, or indeed consistent with other parts of the Local Plan, we would welcome the opportunity to discuss these important issues with the Inspector.

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: