

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

Publication Stage Representation Form

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(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

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	Mr	
First Name	Mark	
Last Name	Mathews	
Job Title (where relevant)	Town Planning Manager	
Organisation (where relevant)	Thames Water Utilities Ltd	
Address Line 1	4 th Floor West	
Line 2	Clearwater Court	
Line 3	Vastern Road	
Line 4	Reading	
Post Code	RG1 8DB	
Telephone Number	0203 5779077	
E-mail Address (where relevant)	Thameswaterplanningpolicy@savills.com	

Part B – Please use a separate sheet for each representation

Name or Organisation :				
3. To which part of the Local Plan does	s this represen	tation relate?		
Paragraph Appendix A - Specific Site Allocations		Proposals Map		
4. Do you consider the Local Plan is:				
4.(1) Legally compliant	Yes		No	
4.(2) Sound (Positively Prepared, Effective and Justified)	Yes		No	
4 (3) Complies with the Duty to co- operate	Yes		No	
Please mark as appropriate.				
5. Please give details of why you cons is unsound or fails to comply with the opossible. If you wish to support the legal compliance with the duty to co-operate comments. This consultation identifies a need for a identifies sites for these additional hominfrastructure in relation to these sites	duty to co-oper ance or soundr e, please also u 20,560 new ho nes. As such sp	ate. Please be as preduces of the Local Planuse this box to set out mes during the plan p	or its your eriod 2011-2031,	
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 identifie with the duty to this modificat to put forward	d at 5 above where the co-operate is incapal ion will make the Loca	is relates to sound ble of modification al Plan legally com	Iness. (NB at pliant or

and supporting informa suggested modification make further represent stage. After this stage, furth	esentation should cover succinctly all the information necessary to support/justify the representation n, as there will not normally be a subsequent opportations based on the original representation at publicer submissions will be only at the request of the matters and issues he/she identifies for	n and the tunity to ication	ı
	seeking a modification, do you consider it necessary to partic	ipate at the oral	
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