

Local Plan 2031 Part 2 Publication Version Representation Form

Ref:

(For official use only)

Name of the Local Plan to which this representation relates:

Vale of White Horse Local Plan 2031 Part 2

Please return by 5pm on Wednesday 22 November 2017 to: Planning Policy, Vale of White Horse District Council, 135 Eastern Avenue, Milton Park, Milton, Abingdon, OX14 4SB or email planning.policy@whitehorsedc.gov.uk

This form has two parts:

Dart A

Part A - Personal Details

Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make.

raitA		
1. Personal Details* *If an agent is appointed, please comboxes below but complete the full con	olete only the Title, Name and Organisation tact details of the agent in 2.	2. Agent's Details (if applicable)
Title	MR	
First Name	PETER	
Last Name	HAMP	
Job Title (where relevant)		
Organisation representing (where relevant) Address Line 1		
Address Line 2		
Address Line 3		
Postal Town		
Post Code		
Telephone Number		
Email Address		
Sharing your details: ple	ase see page 3	

Part B – Please use a separate sheet for each representation

Late
Name or organisation:
Name or organisation: 3. To which part of the Local Plan does this representation relate? Policy Policies Map Policy Policies Map Paragraph Policy Policies Map Page 34 of Local Plan 2031 Pact 2 DETAILED AND ADDITIONAL SITES DETAILED AND ADDITIONAL SITES
L Dlan is: (Please tick as appropriate)
4. Do you consider the Local Plan is: (Please tick as appropriate)
4. (1) Legally compliant Yes No
4. (2) Sound
4. (3) Complies with the Duty to Cooperate Yes No
5. Please provide details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the Duty to Cooperate. 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 Cooperate, please also use this box to set out your comments. Taking away part of the goff course could Jeopardize that in through less people becoming members, the club, through less people becoming members, which in turn threatens the golf club. People which in turn threatens the golf club.
6. Please set out what modification(s) you consider necessary to make the Local Plan legally compliant or sound, having regard to the matter you have identified at 5 above. (NB Please note that any non-compliance with the duty to cooperate is above 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.
Instead of spending thousands on the around the Road you could ask the companies around the area of milton interchange to stagger their area of milton interchange to stagger their start and finishing times, therefore you do start and finishing times, therefore you do start and finishing times are merging into one
ting spot on the map. (Continue on page 4 /expand box if necessary)

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 i	representation is seeking a modit at the oral part of the examinatior	fication, do :	you consider it ne	cessary to
	No, I do not wish to participate at the oral examination		Yes , I wish to participate at the oral examination	
8. If you wi	sh to participate at the oral part of er this to be necessary:	the examina	ation, please outlin	e why
Please note have indicate	the Inspector will determine the mosed that they wish to participate at the	at appropriate oral part of the	procedure to hear to he examination.	hose who
Signature:		Date	20-11-2	017
Please be a and means details and r the Local Plant Programme	our personal details ware that, due to the process of having for contact is required for your represe representations will be forwarded to the an after the Publicity Period has ender the officer who acts as the point of contacted and the Inspector.	entation to be he Inspector ed. This data	carrying out the exal will be managed by	mination of a
website alo company or telephone n for public vid documents	ntions cannot be treated as confidents on the confidents of the co	onding as an r contact deta er the origina pointment. <i>A</i>	individual rather than ails (email / postal ac I representations are All representations al	ddress and available ad related
Would you	like to hear from us in the future?			
	to be kept informed about the progre			
	to be added to the database to receiv	ve general pla	anning updates	
Please do n	ot contact me again			

Further comment: Please use relevant questions in this form. relates to.	e this space to provide You must state which	further comment question your con	on the mment
æ.			

Alternative formats of this form are available on request. Please contact our customer service team on 01235 422600 (Text phone users add 18001 before you dial) or email planning.policy@whitehorsedc.gov.uk