



**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](mailto:planning.policy@whitehorsedc.gov.uk)

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 an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in 2.

### 2. Agent's Details (if applicable)

Title	<input type="text" value="MR"/>	<input type="text"/>
First Name	<input type="text" value="ANTHONY"/>	<input type="text"/>
Last Name	<input type="text" value="JONES"/>	<input type="text"/>
Job Title (where relevant)	<input type="text"/>	<input type="text"/>
Organisation representing (where relevant)	<input type="text"/>	<input type="text"/>
Address Line 1	<input type="text"/>	<input type="text"/>
Address Line 2	<input type="text"/>	<input type="text"/>
Address Line 3	<input type="text"/>	<input type="text"/>
Postal Town	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	

**Sharing your details:** please see page 3

## 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

☒

Policies Map

☒

4. Do you consider the Local Plan is: (Please tick as appropriate)

4. (1) Legally compliant

Yes

☒

No

☐

4. (2) Sound

Yes

☐

No

☒

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.

SOUNDNESS: I OBJECT BECAUSE OF THE HARM TO WILDLIFE AND IT'S HABITAT.

DUTY TO COOPERATE: WE WERE NOT MADE AWARE OF THE PLANS UNTIL PLAN 2.

(Continue on page 4 /expand box if necessary)

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 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.

TO MAKE THE PLAN CREDIBLE AND EFFECTIVE WE WOULD PROPOSE THE SAFE GUARDED LAND TO NOT INCLUDE HOLES 9 & 10 OF DRAYTON PARK GOLF COURSE. THE PROPOSED SLIP ROAD COULD START FURTHER SOUTH THUS ELIMINATING ANY DISRUPTION TO OUR LOCAL FACILITY.

(Continue on page 4 /expand box if necessary)

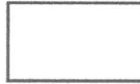
**Please note** your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested modification, as there will not normally be a subsequent opportunity to make further representations based on the original 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 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



**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:

***Please note** the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the examination.*

Signature:

Date:

19/11/2017

### Sharing your personal details

Please be aware that, due to the process of having an Independent Examination, a name and means of contact is required for your representation to be considered. Respondent details and representations will be forwarded to the Inspector carrying out the examination of the Local Plan after the Publicity Period has ended. This data will be managed by a Programme Officer who acts as the point of contact between the council and the Inspector and respondents and the Inspector.

**Representations cannot be treated as confidential and will be published on our website alongside your name.** If you are responding as an individual rather than a company or organisation, we will not publish your contact details (email / postal address and telephone numbers) or signatures online, however the original representations are available for public viewing at our council office by prior appointment. All representations and related documents will be held by Vale of White Horse District Council for a period of 6 months after the Local Plan is adopted.

### Would you like to hear from us in the future?

I would like to be kept informed about the progress of the Local Plan



I would like to be added to the database to receive general planning updates



Please do not contact me again

