Vale	Vale of White Horse Local Plan Part One:		Ref:
of White Horse	Strategic Sites and Policies		(For official
District Council	Publication Stage Representation Form		use only)
Name of the Local Plan to	which this representation relates:	Vale of White Horse	a Local Plan

Vale of White Horse Local PlanResponse form for the Vale of White Horse strategic planning policy document, the Local Plan Partone. 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 thanFriday 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*		2. Agent's Details (if applicable)
*If an agent is appointed, please com boxes below but complete the full com	plete only the Title, Name and Organisation ntact details of the agent in 2.	
Title	Mr	
First Name	David J.	
Last Name	Mackay	
Job Title	Clerk	
(where relevant) Organisation (where relevant)	Littleworth Parish Meeting	
Address Line 1	Halladale House	
Line 2	Littleworth	
Line 3	Faringdon	
Line 4	Oxon	
Post Code	SN7 8ED	
Telephone Number		
E-mail Address (where relevant)		

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 ALL P	olicy ALL	Proposals	Мар					
4. Do you consider the Local Plan is :								
4.(1) Legally compliant	Yes	Yes	No					
			_					
4.(2) Sound (Positively Prepared, Effective and Justified)	Yes		No	No				
4 (3) Complies with the Duty to co operate	- Yes	Yes	No					

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 the attached CPRE Oxon submission document.

(continue on a separate sheet/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 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 the attached CPRE Oxon submission document.

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

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:

Littleworth Parish Meeting wish to be represented by the CPRE Oxon representative on all issues highlighted in the attached CPRE Oxon response.

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:

Date:

17th December 2014