

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

Publication Stage Representation Form

Ref:

(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

	ase complete only the Title, Name and Organi e full contact details of the agent in 2.	2. Agent's Details (if applicable) sation
Title		Mr
First Name		Robert
Last Name		Barber
Job Title		Director
(where relevant) Organisation	Redrow Homes	Pegasus Group
(where relevant) Address Line 1	C/O Agent	3 Pioneer Court
Line 2		Chivers Way
Line 3		Histon
Line 4		Cambridge
Post Code		CB24 9PT
Telephone Number		01223 202 100
E-mail Address (where relevant)		robert.barber@pegasuspg.co.uk

## Part B – Please use a separate sheet for each representation

Name or Organisation :				
3. To which part of the Local Plan does	this represen	tation relate?		
Paragraph 3.1-3.2 Policy		Proposals Map		
4. Do you consider the Local Plan is:				
4.(1) Legally compliant	Yes	Yes	No	
4.(2) Sound (Positively Prepared, Effective and Justified)	Yes	Yes	No	
4 (3) Complies with the Duty to co- operate	Yes	Yes	No	
Please mark as appropriate.				
5. Please give details of why you consist unsound or fails to comply with the copossible.  If you wish to support the legal compliance with the duty to co-operate comments.	luty to co-oper ance or sound b, please also o	ate. Please be as p ness of the Local Pl use this box to set o	orecise as an or its out your	
Redrow Homes support the Local Plan	ı's Spatial Visi	on and Strategic Ot	ojectives 1, 2, 5 and	6.
6. Please set out what modification(s) or sound, having regard to the test you Please note that any non-compliance examination). You will need to say why sound. It will be helpful if you are able text. Please be as precise as possible.	I have identific with the duty to y this modifica to put forward	ed at 5 above where o co-operate is inca tion will make the L	e this relates to soun pable of modification ocal Plan legally cor	idness. (NB n at mpliant or

**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.

	No, I do not wish to participate at the oral examination	Yes	Yes, I wish to participa oral examination	te at the
8. If you was to be necess	rish to participate at the oral part of the exa ary:	mination, plea	ase outline why you consi	ider this to
Redrow H	omes considers that the Spatial Vision and	Strategic Obje	ectives 1, 2, 5 and 6 prov	ride a sound
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