

## 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:
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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

	se complete only the Title, Name and Organisation full contact details of the agent in 2.	2. Agent's Details (if applicable)
Title	Mr	
First Name	Paul	
Last Name	Fermer	
Job Title (where relevant)	Locality Manager Science Vale	
Organisation (where relevant)	Oxfordshire County Council	
Address Line 1	Speedwell House	
Line 2	Speedwell Street	
Line 3	Oxford	
Line 4		
Post Code	OX1 1NE	
Telephone Number		
E-mail Address		

## 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 Policy	CP2	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	Х
Please mark as appropriate.				
5. Please give details of why you consito comply with the duty to co-operate. If you wish to support the legal compliance with the duty to co-operate	Please be as p ance or soundr	recise as possible. ness of the Local Pl	an or its	nd or fails
Policy CP2 commits the plan to join need but it does not provide a firm which does not fully comply with E	n commitmen	t concerning the t		
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.	have identified with the duty to the duty to the duty to the this modificat to put forward	d at 5 above where co-operate is incar ion will make the Lo	this relates to sound pable of modification ocal Plan legally com	dness. (NB at apliant or
To ensure the Plan fully complies vincludes the following wording:	vith Duty to C	cooperate it is sug	gested that Core I	Policy CP2
The completion of subsequent wundertaken within 2 years of adoption			ed from Oxfordsh	ire will be

**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:	
The county council will deliver key items of infrastructure that will be needed to support growth.	
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: 19.12.	14