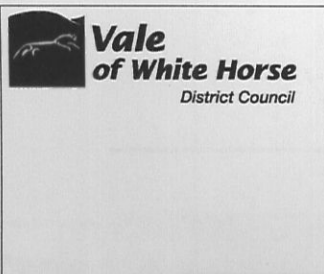


ID: 872122  
uploaded 17/12/14

11 DEC 2014



**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](mailto: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

### 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

Mr.....

First Name

Colin.....

Last Name

Cooper.....

Job Title

(where relevant)

Organisation

(where relevant)

Address Line 1

17 Beagle Close

Line 2

Peachcroft

Line 3

Abingdon

Line 4

Post Code

OX14 2NU

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 Core Strategy does this representation relate?

Paragraph	Appendices Section 3 Abingdon- on-Thames and Oxford Sub-Area	Policy		Proposals Map	
-----------	---	--------	--	---------------	--

4. Do you consider the DPD is :

4.(1) Legally compliant	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
4.(2) Sound (Positively Prepared, Effective and Justified)	Yes	<input type="checkbox"/>	No	<b>NO</b>
4 (3) Complies with the Duty to co-operate		<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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.

I am totally against the plans to build on the Green Belt, this goes against the Government Advice, National Planning Policy 2012 refers, that protecting our precious green belt is paramount. Changes to Green belt should only occur in exceptional circumstances, these are not. Furthermore it is very valuable farmland which produces excellent poultry in a free range environment which the public can see openly a high welfare level of farming. Within the farm and the land are the footpaths which so many of us residents use to facilitate recreational use.

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.

That the designated areas of Green Belt land are taken out of the Local Plan so that it follows the Government Advice National Planning Policy 2012.

**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**

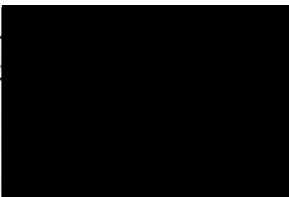
No, I do not wish to participate at the oral examination

☐ **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 adopt to hear those who have indicated that they wish to participate at the oral part of the examination.

Signature:



Date:

9/12/2014