



**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

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

Mr

First Name

D

D

Last Name

Bond

Bond

Job Title

(where relevant)

Woolf Bond Planning LLP

Organisation

(where relevant)

Address Line 1

The Mitfords

Line 2

Basingstoke Road

Line 3

Three Mile Cross

Line 4

Reading

Post Code

RG7 1AT

Telephone Number

01189 884923

E-mail Address

(where relevant)

d.bond@woolfbond.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 representation relate?

Paragraph

Policy

CP1

Proposals Map

Abingdon – on –
Thames and Oxford
sub area.

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

☐

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.

(continue on a separate sheet/expand box if necessary)

This Policy should be amended to follow the NPPF Model Policy.

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.

Amend to reflect the wording of the NPPF Model Policy.

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

Signature:

Date:

18/12/2014

