



**Epping Forest  
District Council**  
www.eppingforestdc.gov.uk



## Representation form for Submission Version of the Epping Forest District Local Plan 2011-2033 (Regulation 19 publication)

This form should be used to make representations on the Submission Version of the Epping Forest District Local Plan which has been published. Please complete and return by 29 January 2018 at 5pm. An electronic version of the form is available at <http://www.efdclocalplan.org/>

Please refer to the guidance notes available before completing this form.

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Please return any representations to: Planning Policy, Epping Forest District Council, Civic Offices, 323 High Street, Epping, Essex, CM16 4BZ

Or email them to: [LDFconsult@eppingforestdc.gov.uk](mailto:LDFconsult@eppingforestdc.gov.uk)

BY 5pm on 29 January 2018

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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.

*Please attach any documents you wish to submit with your representation*

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### Part A

1. Are you making this representation as? (Please tick as appropriate)

- a) Resident or Member of the General Public  or
- b) Statutory Consultee, Local Authority or Town and Parish Council  or
- c) Landowner  or
- d) Agent

Other organisation (please specify)

**2. Personal Details****3. Agent's Details (if applicable)**

Title		
First Name		
Last Name		
Job Title (where relevant)		
Organisation (where relevant)		
Address Line 1		
Line 2		
Line 3		
Line 4		
Post Code		
Telephone Number		
E-mail Address		

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Part B – If necessary please complete a separate Part B form for each representation

4. To which part of the Submission Version of the Local Plan does this representation relate?  
(Please specify where appropriate)

Paragraph  Policy  Policies Map

Site Reference  Settlement

5. Do you consider this part of the Submission Version of the Local Plan:  
\*Please refer to the Guidance notes for an explanation of terms

a) Is Legally compliant Yes  No

b) Sound Yes  No

If no, then which of the soundness test(s) does it fail\*

Positively prepared  Effective

Justified  Consistent with national policy

c) Complies with the duty to co-operate Yes  No

6. Please give details of why you consider the Submission Version of the Local Plan is not legally compliant, 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, soundness of the Local Plan or compliance with the duty to co-operate, please also use this box to set out your comments

CONGESTION, POLLUTION, OVERCROWDING.  
DESTROYING OUR WILDLIFE OUR GREEN  
BELT. THE STREETS CANT COPE LET  
ALONE WITH 1500 MORE HOMES. IT IS  
NOT FAIR THAT WE HAVE NO CHOICE OF  
WHAT HAPPENS AROUND OUR HOME!  
THINK OF ALL THE CHILDREN THAT YOU  
WANT TO POLLUTE THEIR BODIES. PLEASE  
CONSIDER THE PEOPLE THAT LIVE HERE.  
WHAT DO YOU HAVE PLANNED FOR US?  
OUR SCHOOLS WILL REALLY SUFFER DUE  
TO SECONDARY NOT HAVING ENOUGH SPACE  
TO CATER FOR MORE. OUR GPs + HOSPITAL  
CANT COPE EITHER. PLEASE DONT DO  
IT.

(Continue on a separate sheet if necessary)

7. Please set out what change(s) you consider necessary to make the Submission Version of the Local Plan legally compliant or sound, having regard to the test you have identified in the question above (Positively prepared/Justified/Effective/Consistent with National Policy) where this relates to soundness. You will need to say why this change will make the Submission Version of 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.

VERY PLAINLY PLEASE DONT  
DO IT. THERE IS NO GAIN  
FOR THE RESIDENTS THAT  
LIVE HERE ALREADY.

*(Continue on a separate sheet if necessary)*

8. 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 hearings

Yes, I wish to participate  
at the hearings

9. If you wish to participate at the hearings, please outline why you consider this to be necessary:

IT IS IN MY INTEREST  
TO ATTEND AS IT IS SO  
CLOSE TO MY HOME AND  
WILL STRONGLY AFFECT ME.

*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.*

10. Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted for independent examination (Please tick)

Yes       No

11. Have you attached any documents with this representation?

Yes       No

Signature:

[Redacted Signature]

Date:

29/1/18