Making representation as Resident or Member of the General Public		
Personal Details		Agent's Details (if applicable)
Title	Mrs	
First Name	Beryl	
Last Name	Nemeth	
Job Title (where relevant)	Hospice volunteer	
Organisation (where relevant)		
Address		

Stakeholder Reference: Document Reference:

Part A

Post Code

Telephone Number

E-mail Address

Part B

REPRESENTATION

To which Main Modification number and/or supporting document of the Local Plan does your representation relate to?

MM no: 21

Supporting document reference:

Do you consider this Main Modification and/or supporting document of the Local Planto be:

Legally compliant: No

Sound: No

If no, then which of the soundness test(s) does it fail? Justified, Consistent with national policy

Please give details of why you consider the Main Modification and/or supporting document is not legally compliant or is unsound. 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.

A - MM21

B - MM201, MM202, MM203

Please set out what change(s) you consider necessary to make the Main Modification and/or supporting document 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.

To protect green buffers between settlements, green spaces and wild life habitat

Signature: Beryl Nemeth Date:

23/09/2021