

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.

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

BY 5pm on 29 January 2018

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

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	<input type="text"/>	<input type="text" value="Mr"/>
First Name	<input type="text"/>	<input type="text" value="David"/>
Last Name	<input type="text"/>	<input type="text" value="Plant"/>
Job Title (where relevant)	<input type="text"/>	<input type="text" value="Director"/>
Organisation (where relevant)	<input type="text"/>	<input type="text" value="DAP Architecture"/>
Address Line 1	<input type="text" value="C/O Agent"/>	<input type="text" value="3-5 Hospital Approach"/>
Line 2	<input type="text"/>	<input type="text"/>
Line 3	<input type="text"/>	<input type="text"/>
Line 4	<input type="text"/>	<input type="text" value="Chelmsford"/>
Post Code	<input type="text"/>	<input type="text" value="CM1 7SA"/>
Telephone Number	<input type="text"/>	<input type="text" value="01245 440302"/>
E-mail Address	<input type="text"/>	<input type="text" value="david@daparchitecture.co.uk"/>

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

See attached

(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.

See attached sheet

(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:

See attached sheet.

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:

Date:

26/01/2018
