



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

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)

December 2017

2. Personal Det	ails	3. Agent's Details (if applicable)
Title	MR	
First Name	Lallis	
Last Name	wacken	
Job Title (where relevant)		
Organisation (where relevant)		
Address Line 1		
Line 2		
Line 3		
Line 4		
Post Code		
Telephone Number		
E-mail Address		

. .

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

4. To which part of the Submis (Please specify where appropr	ssion Version of the Local Plan does this representation relate?
Paragraph P	olicy Policies Map
Site Reference	Settlement
5. Do you consider this part of *Please refer to the Guidance no	f the Submission Version of the Local Plan: otes for an explanation of terms
a) Is Legally compliant	Yes No No
b) Sound	Yes No No
If no, then which of the sou	ındness test(s) does it fail*
Positively prepared	Effective
Justified Co	ensistent with national policy
) Complies with the duty to co-operate	Yes No No
compliant, is unsound or fails t you wish to support the legal of	ou consider the Submission Version of the Local Plan is not legally to comply with the duty to co-operate. Please be as precise as possible. If compliance, soundness of the Local Plan or compliance with the duty to is box to set out your comments
Saxon	way Devoluent.
67 Fex-	KESPING WITH ARREST.
1. NOT IN 2. WOULD	NOT BE ENGLISH PARISING
BLREAD	4 SAXON WAY OVEL PANED
WAR G	tops wousing. On Shelping in
THE TO	CHE ENGINE AMBLAND. PICKY.
	(Continue on a separate sheet if necessary)

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.
3. OUR COMMUTILY CENTRE WELL USOD. PARO THE GREEN AREA WHICH GOST WITH. WOULD BE LOTT.
4. SO MANY OTHER ATTORICH MONE SULTAD TO DEVELOPS. SCRUS LAWS. WHICH IS NOT. INTRUDILY. ON SINGSTY AND POPER

PLOASS LOOK. AT THE WHOW AREAS.

(Continue	on a separate sheet if necessary)
8. If your representation is seeking a modific part of the examination?	cation, do you consider it necessary to participate at the oral
No, I do not wish to participate at the hearings	Yes, I wish to participate at the hearings

LIVEL.

. .

ase note the	nspector will determ	ne the most appropriate	procedure to a	dopt to hear the	ose who have
	-y ···sii to participate	ne the most appropriate at the oral part of the ex	amination.		
0. Please let	us know if you wish	to be notified when th	amination.		
0. Please let or independe	us know if you wish nt examination (Ple	to be notified when th	amination.		
0. Please let or independe Yes	us know if you wish nt examination (Ple	to be notified when th	e Epping Fore		
0. Please let or independe Yes	us know if you wish nt examination (Ple	to be notified when th	e Epping Fore		
0. Please let or independe Yes 1. Have you	us know if you wish nt examination (Ple No attached any docum	to be notified when th	e Epping Fore		
10. Please let for Independe	us know if you wish nt examination (Ple	to be notified when th	e Epping Fore		
10. Please let for independe Yes 11. Have you	us know if you wish nt examination (Ple No attached any docum	to be notified when th	e Epping Fore		