## 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 D1 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 V No No
o) Sound Yes V No 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 Yes V No duty to co-operate
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
N/A
(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.

Please see LPP letter dated (paragraphs 11)	26th January 2018	3	,8		
(Fere <b>3</b> -2Fire (1)					
			*-17		
×	(Continue o	n a separate sh	eet if necessary)		
3. If your representation is separt of the examination?				to participate at the	e oral
No, I do not wish to	participate	V	Yes, I wish to par	icipate	
at the hearings		V	at the hearings		

To represent the planning and development interests of PAH which is a Key Stakeholder and significant investor in the area.  ase note the Inspector will determine the most appropriate procedure to adopt to hear those who have leaded that they wish to participate at the oral part of the examination.  D. Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted independent examination (Please tick)  V Yes No  No  No  Date: 26th January 2018	-			
Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted independent examination (Please tick)  Yes No Have you attached any documents with this representation?  Yes No	To represent Investor in to	it the planning and develop he area	ment interests of PAH which is a Key Stakeholder and sig	nificant
Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted independent examination (Please tick)  Yes No Have you attached any documents with this representation?  Yes No				
Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted independent examination (Please tick)  Yes No Have you attached any documents with this representation?  Yes No				
Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted independent examination (Please tick)  Yes No Have you attached any documents with this representation?  Yes No				
Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted independent examination (Please tick)  Yes No  Have you attached any documents with this representation?  Yes No				
Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted independent examination (Please tick)  Yes No  Have you attached any documents with this representation?  Yes No				
Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitt independent examination (Please tick)  Yes No Have you attached any documents with this representation?  Yes No				
Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted independent examination (Please tick)  Yes No  Have you attached any documents with this representation?  Yes No				
Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted independent examination (Please tick)  Yes No  Have you attached any documents with this representation?  Yes No				
Please let us know if you wish to be notified when the Epping Forest District Local Plan is submitted independent examination (Please tick)  Yes No  Have you attached any documents with this representation?  Yes No				
V Yes No	se note the l	nspector will determine the ey wish to participate at the	e most appropriate procedure to adopt to hear those who e oral part of the examination.	have
	. Please let i	us know if you wish to be nt examination (Please ti	e oral part of the examination.  e notified when the Epping Forest District Local Plan	
ature: Date: 26th January 2018	. Please let i r independe	ey wish to participate at the us know if you wish to be nt examination (Please ti	e oral part of the examination. e notified when the Epping Forest District Local Plan (	
ature: Date: 26th January 2018	Please let undepende  Y Yes  Have you a	us know if you wish to be not examination (Please ti	e oral part of the examination. e notified when the Epping Forest District Local Plan (	
Date:   wantonidal   2010	Please let undepende  Y Yes  Have you a	us know if you wish to be not examination (Please ti	e oral part of the examination. e notified when the Epping Forest District Local Plan (	