



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 t | Or email them to: LDFconsult@eppingforestdc.gov.uk | | | |
| BY 5pm on 29 January 2018 | | | | |
| | has two parts – | | | |
| Part A – Part B – | Personal Details Your representation(s). Please fill in a separate sheet for each representation you wish to make. | | | |
| | | | | |
| Please at | ach any documents you wish to submit with your representation | | | |
| Please att | | | | |
| Part | | | | |
| Part / | | | | |
| Part A | u making this representation as? (Please tick as appropriate) | | | |
| Part A 1. Are you a) Resider b) Statuto | u making this representation as? (Please tick as appropriate) t or Member of the General Public or ry Consultee, Local Authority or Town and Parish Council or | | | |
| Part / 1. Are yo | u making this representation as? (Please tick as appropriate) t or Member of the General Public or ry Consultee, Local Authority or Town and Parish Council or | | | |

December 2017

| 2. Personal Details | | 3. Agent's Details (if applicable) | |
|----------------------------------|----------|---|--|
| Title | MRS | | |
| First Name | VIRGINIA | | |
| Last Name | DEACETIS | | |
| Job Title (where relevant) | | | |
| Organisation (where relevant) | | | |
| Address Line 1 | | 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |
| Line 2 | | | |
| Line 3 | | | |
| Line 4 | | | |
| Post Code | | | |
| Telephone Number | | | |
| E-mail Address | | | |
| | J | | |

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 Policies Map |
| Site Reference SR 016) Settlement |
| 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 Yes No Value of the No Va |
| 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 |
| PLEASE SEE ATTACHED STATEMENT |
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| |
| (Continue on a separate sheet if necessary) |

| 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. | | | | |
|---|--|--|--|--|
| PICK FIELD NURSERY SHOULD BE REMOVED FROM THE GREEN BELT AND | | | | |
| ADOPTED AS A " PREFERRED HOUSING SITE" | | | | |
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| (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 | | | | |
| | | | | |

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

| 9. If you wish to | participate at the hearings, please outline why you consider this to be necessary: | | | |
|--|---|--|--|--|
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| 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 i | know if you wish to be notified when the Epping Forest District Local Plan is submitted examination (Please tick) | | | |
| ✓ Yes | No | | | |
| 11. Have you attached any documents with this representation? | | | | |
| Yes | No | | | |
| Signature: | Date: 25 JAN 2018 | | | |
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