



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 X | | |
| Other organisation (please specify) | | |
| | | |
| | | |

| 2. Personal Details | | 3. Agent's Details (if applicable) |
|----------------------------------|---------------|------------------------------------|
| Title | Mr | Mr |
| First Name | Ι | Trevor |
| Last Name | Bennett | Dodkins |
| Job Title (where relevant) | | |
| Organisation (where relevant) | | Phase 2 Planning Ltd |
| Address Line 1 | | 250 Avenue West |
| Line 2 | | Great Notley |
| Line 3 | | Braintree |
| Line 4 | | Essex |
| Post Code | | СМ77 7АА |
| Telephone Number | Contact Agent | 01376 329059 |
| E-mail Address | Contact Agent | tdodkins@phase2planning.co.uk |

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

| 4. To which part of the Subr (Please specify where appro | | ocal Plan does this representation relate? | |
|---|-------------------------|--|--|
| Paragraph | Policy Policy P1 | Policies Map | |
| Site Reference | Settlement | | |
| 5. Do you consider this part *Please refer to the Guidance | | | |
| a) Is Legally compliant | Yes X | No | |
| b) Sound | Yes X | Νο | |
| If no, then which of the soundness test(s) does it fail* | | | |
| Positively prepared | Effective | | |
| Justified X | Consistent with nationa | al policy X | |
| c) Complies with the duty to co-operate | Yes X | 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

Please see attached sheet.

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.

(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

See attached sheet.

9. If you wish to participate at the hearings, please outline why you consider this to be necessary:

| Attendance is required to fully discuss the submitted representations. | |
|--|--|
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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 know if you wish to be notified when the Epping Forest District Local Plan is submitted |
|---|
| for independent examination (Please tick) |

| X Yes | No |
|--------------|--|
| 11. Have you | attached any documents with this representation? |
| X Yes | Νο |
| Signature: | Date: 29/01/2018 |