



For Official Only		
Person ID		
Rep ID		

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- Part A Personal Details
- Part B Your Representations

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All forms should be received by 4.45pm on Friday 27 June 2014

To return this form, please deliver by hand or post to: Development Policy Manager, Development Services, Warwick District Council, Riverside House, Milverton Hill, Leamington Spa, CV32 5QH or email: newlocalplan@warwickdc.gov.uk

Where to see copies of the Plan

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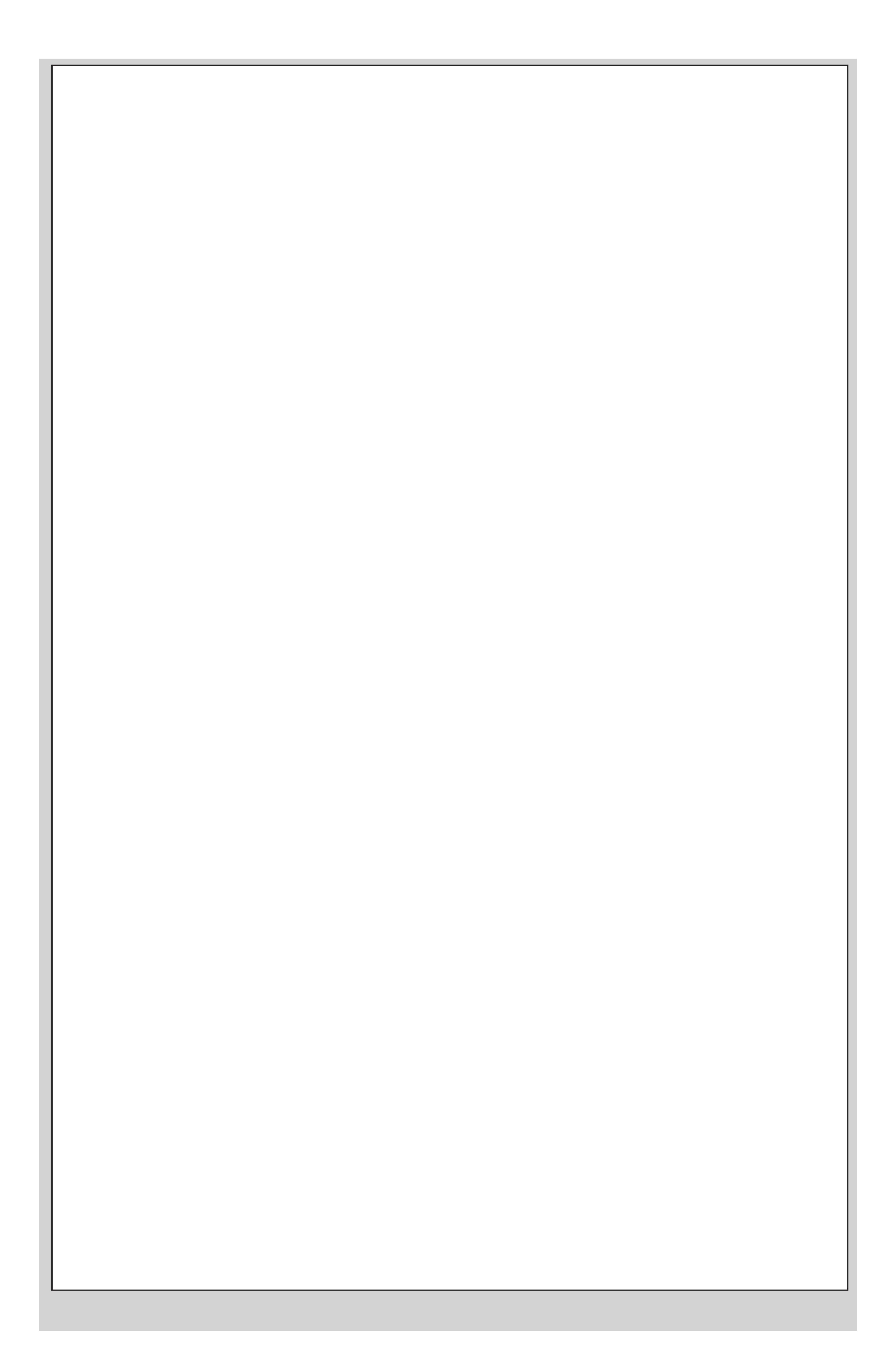
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First Name	Sarah	Russell
Last Name	Milward	Crow
Job Title (where relevant) Organisation (where relevant) Address Line 1	C/o Agent	
Address Line 2		
Address Line 3		
Address Line 4		
Postcode		
Telephone number Email address		
3. Notification of subsequent stages of Please specify whether you wish to be		
The submission of the Local Plan for independent examination Yes X		Yes No
Publication of the recommendations of any person appointed to carry out an independent examination of the Local Plan $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$		Yes X No
The adoption of the Local Plan.		Yes No

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4. To which part of the Loca	al Plan or Sustainability Appr	aisal (SA) does this representation relat	e?
Local Plan or SA: Paragraph Number: Policy Number: Policies Map Number:	Local Plan 1.29 (Plan Period)		
5. Do you consider the Local5.1 Legally Compliant?5.2 Complies with the Duty to5.3 Sound?		Yes No X Yes No X Yes No X	
6. If you answered no to quality (please tick that apply): Positively Prepared: Justified: Effective: Consistent with National F	X X X	the Local Plan and/or SA unsound beca	use it is not:

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7.	Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty co-operate. Please be as precise as possible. If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to cooperate, please also use this box to set out your comments.	
	See attached letter.	



8. Please set out what modification(s) you consider necessary to make the Local Plan legally compliant or sound, having regard to the test you have identified at 7. above where this relates to soundness. (Please note that any non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why this modification will make 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.	
Extend the Plan Period to cover up to 2031 at the earliest, in accordance with the requirements of the NPPF.	

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Continue on a separate sheet if necessary
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11. Declaration I understand that all comments submitted will be considered in line with this consultation, and that my comments will be made publicly available and may be identifiable to my name/organisation.
RUSSELL CROW Signed:
27 th JUNE 2014
Date:
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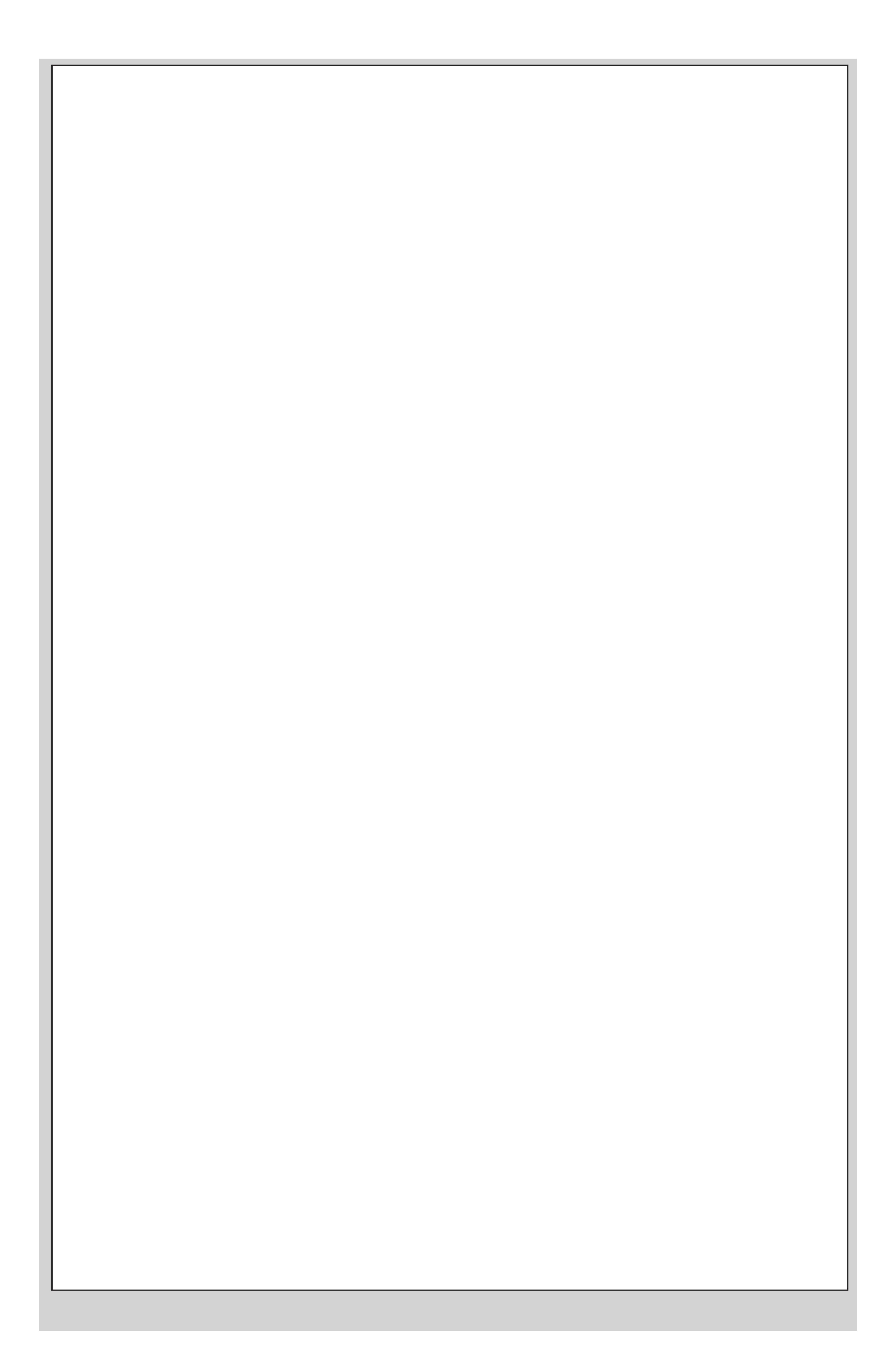
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The submission of the Local Plan for independent examination		Yes No
Publication of the recommendations of any person appointed to carry out an independent examination of the Local Plan		Yes X No
The adoption of the Local Plan.		Yes X No

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4. To which part of the Loc	al Plan or Sustainability Appra	aisal (SA) does this representation relate	?
Local Plan or SA: Paragraph Number: Policy Number:	Local Plan 1.44 – 1.59 (Objectives)		
Policies Map Number:			
5. Do you consider the Loca5.1 Legally Compliant?5.2 Complies with the Duty to5.3 Sound?		Yes No X Yes No X Yes No X	
6. If you answered no to q (please tick that apply): Positively Prepared: Justified: Effective: Consistent with National F	X X X	the Local Plan and/or SA unsound becau	se it is not:

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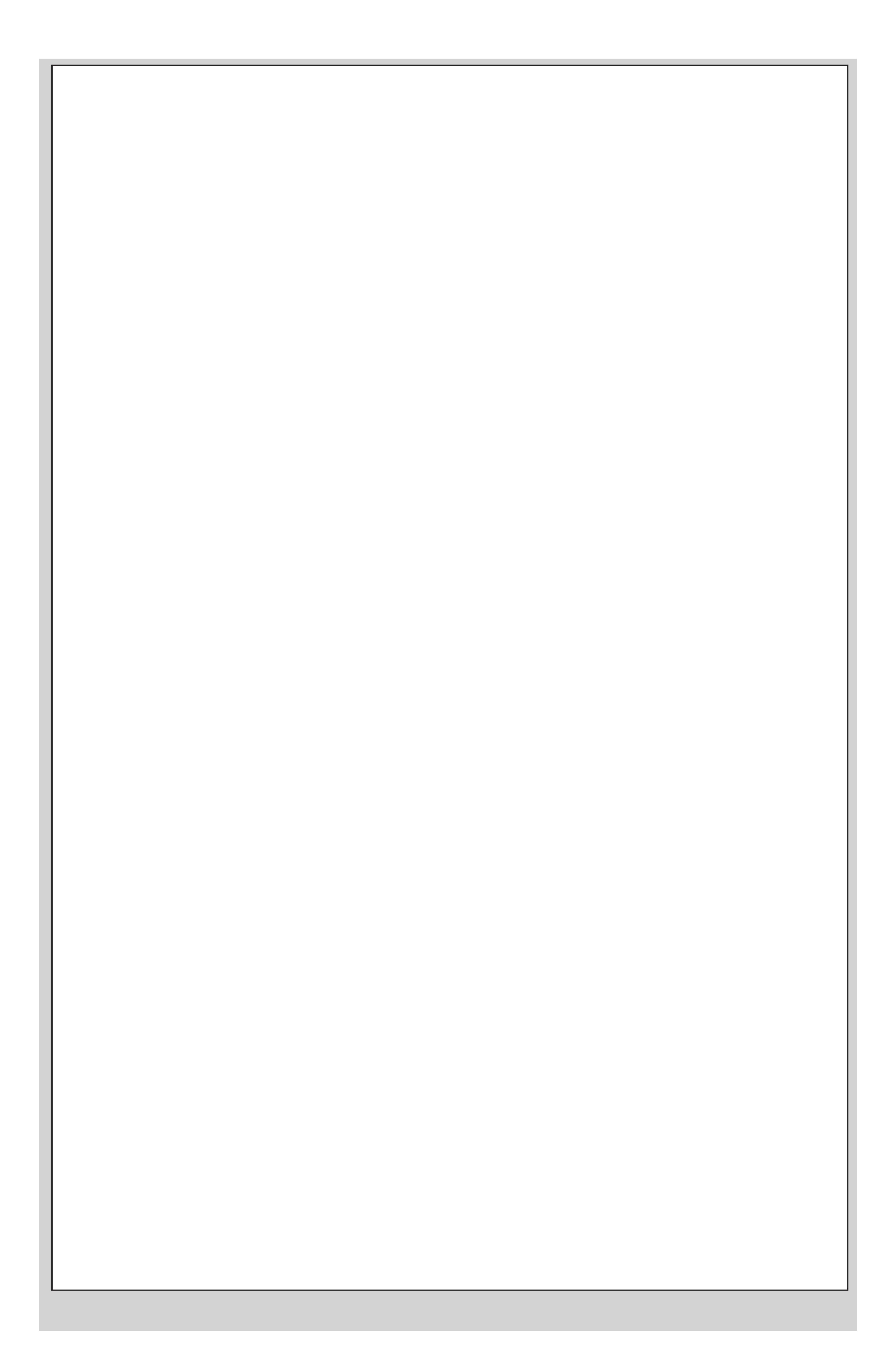
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The adoption of the Local Plan.		Yes No

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4. To which part of the Loca	al Plan or Sustainability Ap	praisal (SA) does this representation relate?	
Local Plan or SA: Paragraph Number:	Local Plan		
Policy Number:	DS6		
Policies Map Number:			
5. Do you consider the Loca	l Plan is :		
5.1 Legally Compliant?		Yes No X	
5.2 Complies with the Duty to	Co-operate?	Yes No X	
5.3 Sound?		Yes No X	
6. If you answered no to que (please tick that apply):	uestion 5.3, do you conside	er the Local Plan and/or SA unsound becaus	se it is not:
Positively Prepared: Justified:	X		
Effective: Consistent with National P	Policy:		

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Increase the housing requirement to a minimum of 900 dwellings per annum, with appropriate increases across settlements in Warwick District in accordance with the sustainability of the various locations.

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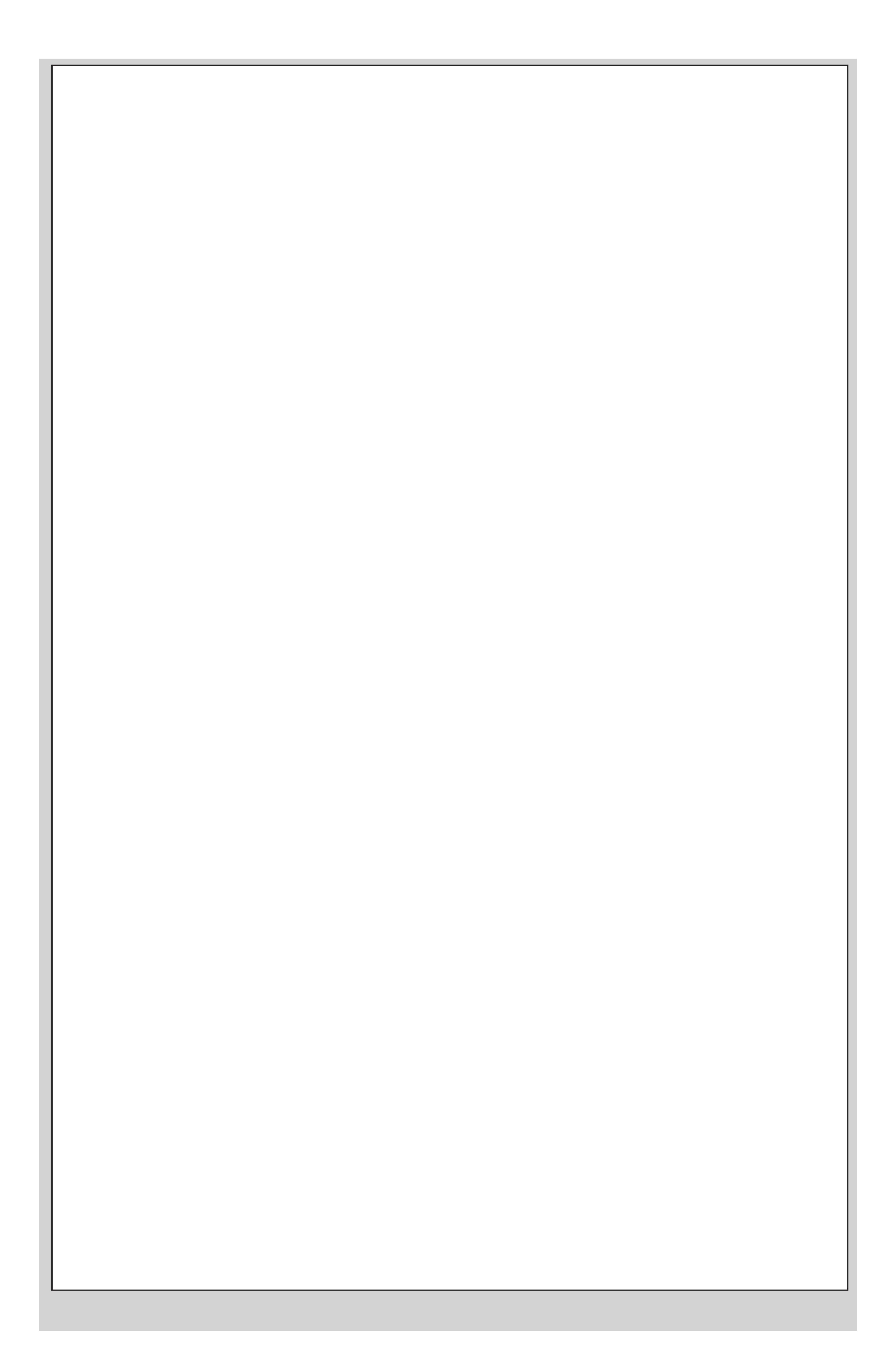
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The adoption of the Local Plan.		Yes No

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Local Plan or SA: Paragraph Number:	Local Plan		
Policy Number:	DS20		
Policies Map Number:			
5. Do you consider the Loca	l Plan is :		
5.1 Legally Compliant?		Yes No X	
5.2 Complies with the Duty to	Co-operate?	Yes No X	
5.3 Sound?		Yes No X	
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N/a – Duty to Cooperate.	

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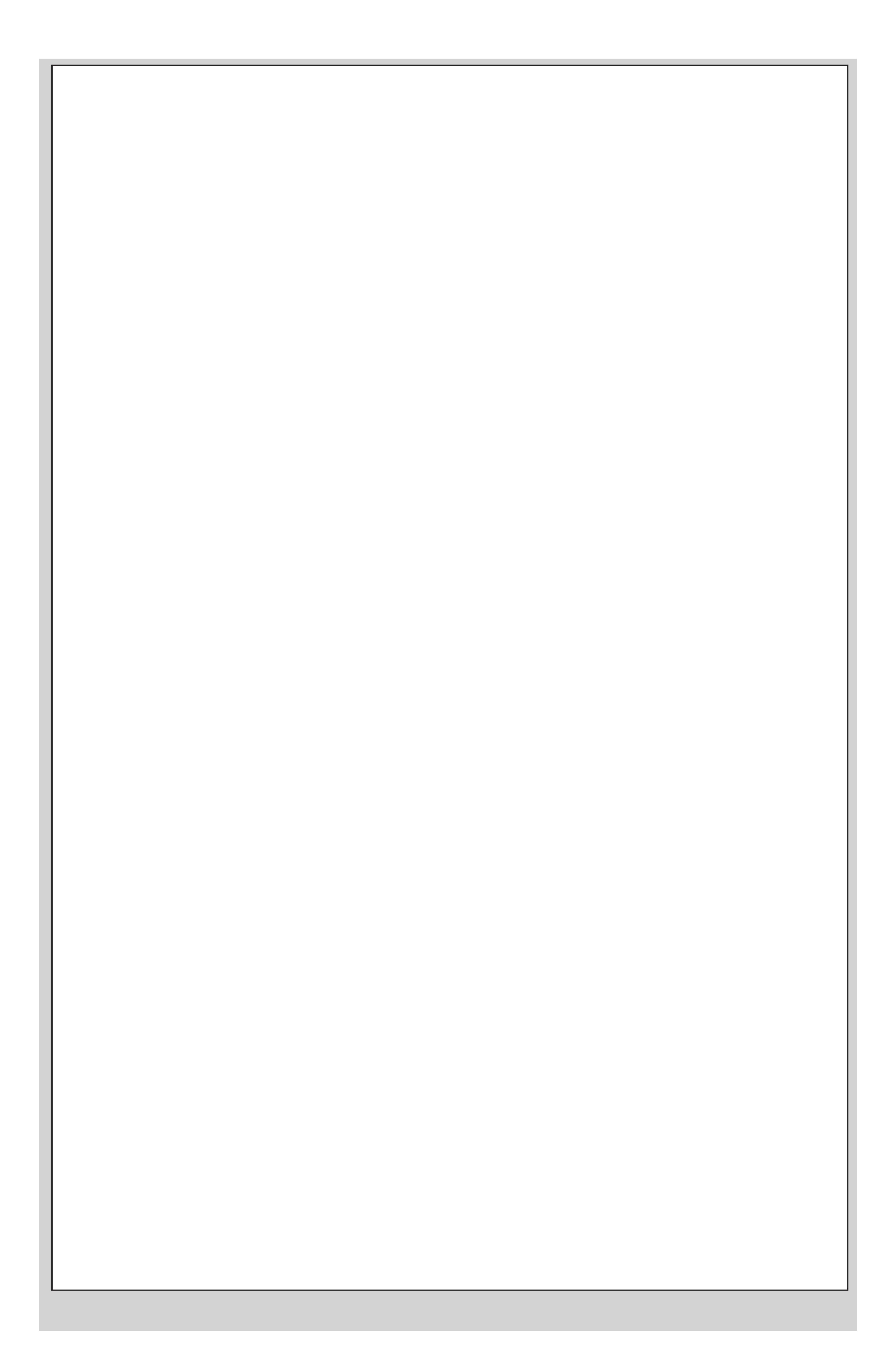
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4. To which part of the Loca	al Plan or Sustainability A	Appraisal (SA) does this representation rel	late?		
Local Plan or SA: Paragraph Number:	Local Plan				
Policy Number: Policies Map Number:	HO				
5. Do you consider the Loca	l Plan is :				
5.1 Legally Compliant? 5.2 Complies with the Duty to 5.3 Sound?		Yes No X Yes No X Yes No X			
6. If you answered no to question 5.3, do you consider the Local Plan and/or SA unsound because it is not: (please tick that apply):					
Positively Prepared: Justified:	X				
Effective: Consistent with National P	Policy:				

For Official Use Only	
Person ID:	Rep ID:

7.	Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty co-operate. Please be as precise as possible. If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to cooperate, please also use this box to set out your comments.	
	See attached letter.	



8. Please set out what modification(s) you consider necessary to make the Local Plan legally compliant or sound, having regard to the test you have identified at 7. above where this relates to soundness. (Please note that any non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why this modification will make 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.
We would welcome a change in the emphasis of this policy from the District to the HMA to reflect our concerns.

For Official Use Only	
Person ID:	Rep ID:

9. 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 oral examination
Yes, I wish to participate at the oral examination
10. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:
We wish to reserve the right to participate at the oral part of the Examination due to the important nature of this Site to the emerging Local Plan.
Continue on a separate sheet if necessary
Please note: This written representation carries the same weight and will be subject to the same scrutiny as oral representations. 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.
11. Declaration I understand that all comments submitted will be considered in line with this consultation, and that my comments will be made publicly available and may be identifiable to my name/organisation.
RUSSELL CROW Signed:
27 th JUNE 2014
Date:
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For Official Only		
Person ID		
Rep ID		

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All forms should be received by 4.45pm on Friday 27 June 2014

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Warwickshire Direct Warwick, Shire Hall, Market Square, Warwick
Warwickshire Direct Kenilworth, Kenilworth Library, Smalley Place, Kenilworth
Warwickshire Direct Lillington, Lillington Library, Valley Road, Royal Leamington Spa
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Finham Community Library, Finham Green Rd, Finham, Coventry

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Part A - Personal Details

	1. Personal Details*	2. Agent's Details (if applicable)		
	* If an agent is appointed, please complete boxes below but complete the full contact de	only the Title, Name and Organisation tails of the agent in section 2.		
Title	Ms	Mr		
First Name	Sarah	Russell		
I II SU I VAITIC	Milward	Crow		
Last Name	Milivaru	CIOVV		
Job Title (where relevant)				
Organisation (where relevant)	C/o Agent			
Address Line 1				
Address Line 2				
Address Line 3				
Address Line 4				
Postcode				
T - 1				
Telephone number				
Email address				
2 Natification of subsequent stance of	the Level Dien			
3. Notification of subsequent stages of Please specify whether you wish to be				
i loudo opoony willoutor you with to be				
The submission of the Local Plan for independent examination Yes No				
Publication of the recommendations of any person appointed				
to carry out an independent examination of the Local Plan Yes X No				
The adoption of the Local Plan.		res No L		

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Person ID:	Rep ID:

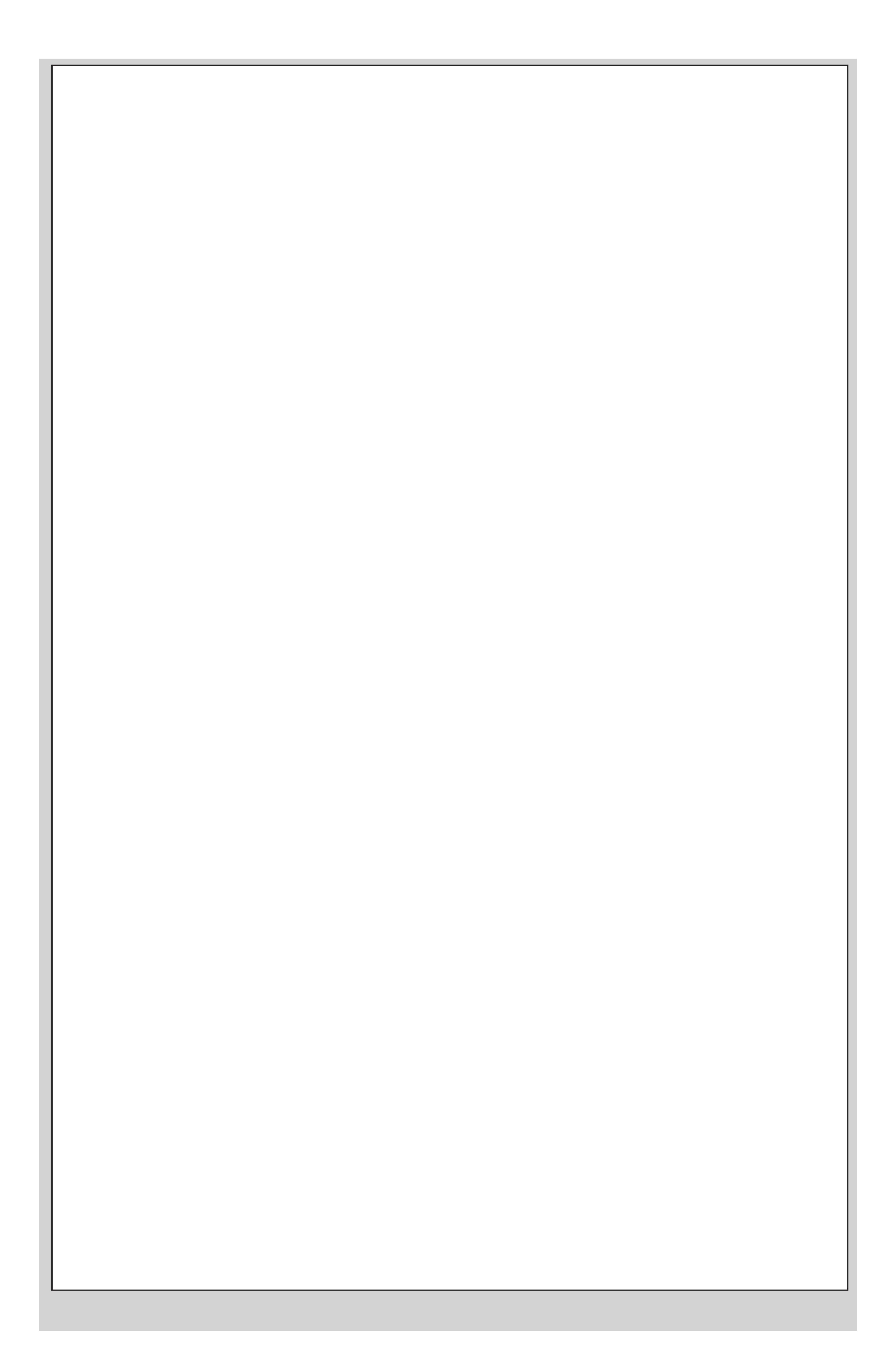
Part B - Your Representations

Please note: this section will need to be completed for each representation you make on each separate policy.

4. To which part of the Loca	al Plan or Sustainability App	oraisal (SA) does this representation relate?
Local Plan or SA: Paragraph Number: Policy Number:	Local Plan H2	
Policies Map Number:		
5. Do you consider the Loca	l Plan is :	
5.1 Legally Compliant?		Yes No X
5.2 Complies with the Duty to	Co-operate?	Yes No X
5.3 Sound?		Yes No X
6. If you answered no to question (please tick that apply):Positively Prepared:Justified:Effective:	x X X	r the Local Plan and/or SA unsound because it is not:
Consistent with National P	Policy:	

For Official Use Only	
Person ID:	Rep ID:

7.	Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty co-operate. Please be as precise as possible. If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to cooperate, please also use this box to set out your comments.	
	See attached letter.	



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Policy H2 should be re-worded in order to clarify that the overall requirement of 40% affordable housing can be reduced based on viability.

For Official Use Only	
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9. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the examination?
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10. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:
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Continue on a separate sheet if necessary
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11. Declaration I understand that all comments submitted will be considered in line with this consultation, and that my comments will be made publicly available and may be identifiable to my name/organisation.
RUSSELL CROW Signed:
27 th JUNE 2014
Date:
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Person ID		
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Warwickshire Direct Kenilworth, Kenilworth Library, Smalley Place, Kenilworth
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Part A - Personal Details

	1. Personal Details*	2. Agent's Details (if applicable)		
	* If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in section 2.			
Title	Ms	Mr		
First Name	Sarah	Russell		
Last Name	Milward	Crow		
Job Title (where relevant)				
Organisation (where relevant)	C/o Agent			
Address Line 1				
Address Line 2				
Address Line 3				
Address Line 4				
Postcode				
Telephone number				
Email address				
3. Notification of subsequent stages of the Local Plan Please specify whether you wish to be notified of any of the following:				
The submission of the Local Plan for indep	Yes No			
Publication of the recommendations of any person appointed to carry out an independent examination of the Local Plan		Yes X No		
The adoption of the Local Plan.		Yes No		

For Official Use Only	
Person ID:	Rep ID:

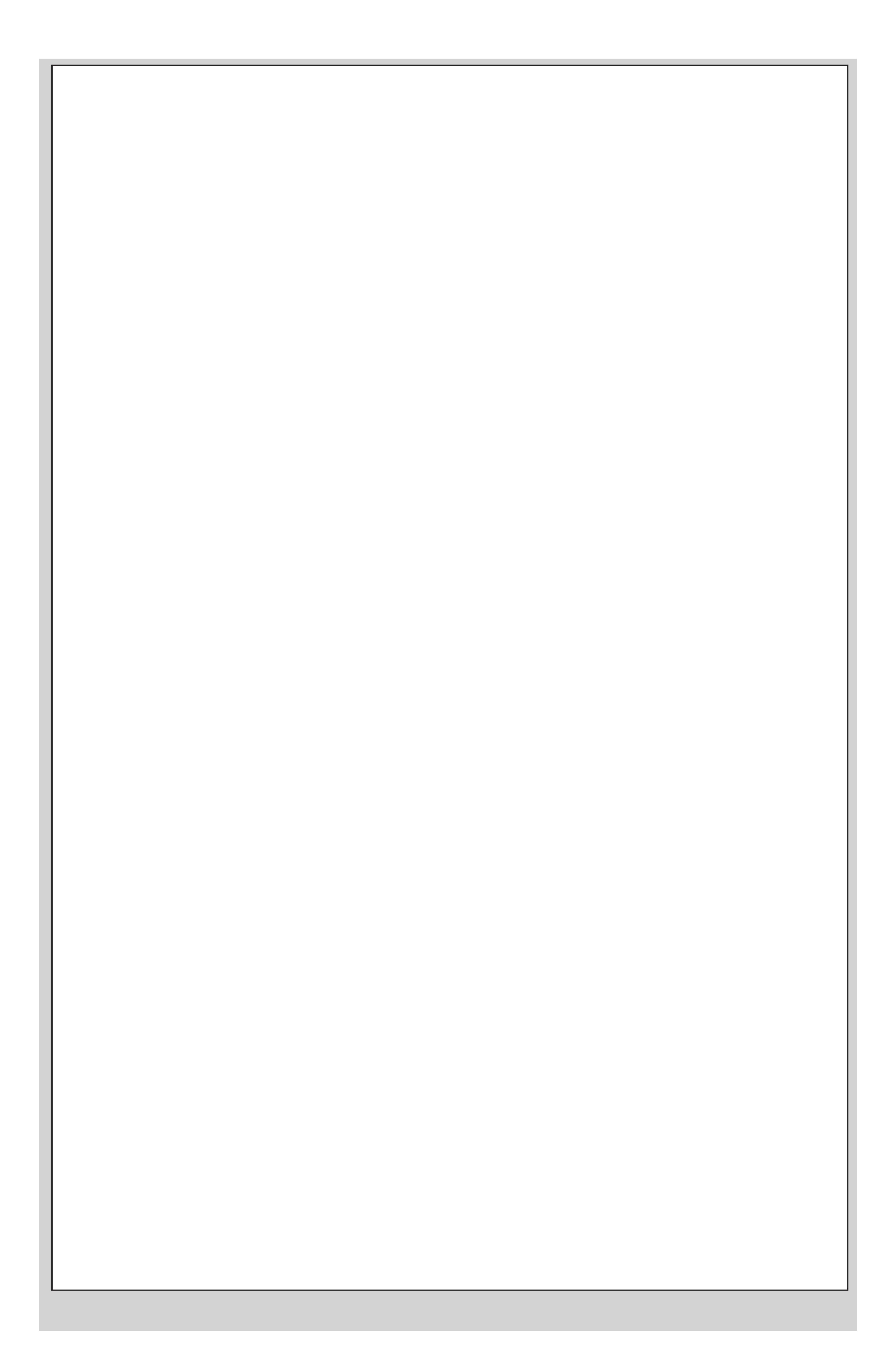
Part B - Your Representations

Please note: this section will need to be completed for each representation you make on each separate policy.

4. To which part of the Loca	al Plan or Sustainability App	oraisal (SA) does this representation relate?		
Local Plan or SA:	Local Plan			
Paragraph Number:				
Policy Number:	H10			
Policies Map Number:				
5. Do you consider the Loca	l Plan is :			
5.1 Legally Compliant?		Yes No X		
5.2 Complies with the Duty to	Co-operate?	Yes No X		
5.3 Sound?		Yes No X		
6. If you answered no to question 5.3, do you consider the Local Plan and/or SA unsound because it is not: (please tick that apply):				
Positively Prepared:	X			
Justified:	X			
Effective:	X			
Consistent with National P	Policy:			

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	See attached letter.					



8. Please set out what modification(s) you consider necessary to make the sound, having regard to the test you have identified at 7. above where to (Please note that any non-compliance with the duty to co-operate is incoexamination). You will need to say why this modification will make the sound. It will be helpful if you are able to put forward your suggested revised wording of any precise as possible.	this relates to soundness. Capable of modification at Local Plan legally compliant or
We wish to see part 'c' struck out and part 'b' amended to allow for development of the based on local housing needs.	elopers to produce their own mix

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11. Declaration I understand that all comments submitted will be considered in line with this consultation, and that my comments will be made publicly available and may be identifiable to my name/organisation.
RUSSELL CROW Signed:
27 th JUNE 2014
Date:
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Part A - Personal Details

	1. Personal Details*	2. Agent's Details (if applicable)
	boxes below but complete the full contact	ete only the Title, Name and Organisation details of the agent in section 2.
Title	Ms	Mr
First Name	Sarah	Russell
Last Name	Milward	Crow
Job Title (where relevant) Organisation (where relevant)	C/o Agent	
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
Postcode		
Telephone number Email address		
Littali audicos		
3. Notification of subsequent stages of Please specify whether you wish to be		
The submission of the Local Plan for indep	pendent examination	Yes No
Publication of the recommendations of a to carry out an independent examination of		Yes X No
The adoption of the Local Plan.		Yes No

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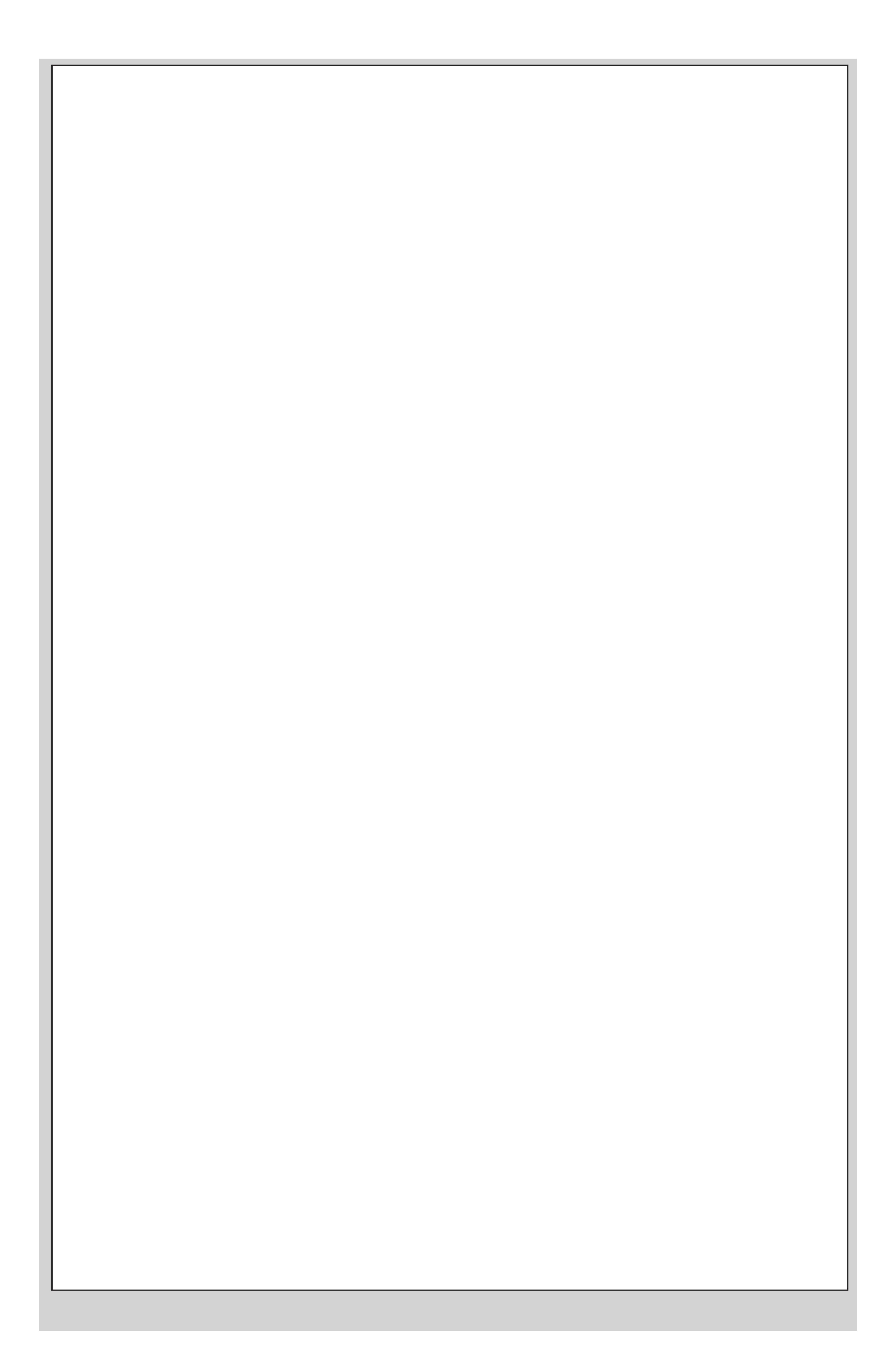
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4. To which part of the Loca	al Plan or Sustainability App	praisal (SA) does this representation relate?	
Local Plan or SA: Paragraph Number: Policy Number: Policies Map Number:	Local Plan 15 – Radford Semele		
5. Do you consider the Loca	ll Plan is :		
5.1 Legally Compliant?		Yes No X	
5.2 Complies with the Duty to	Co-operate?	Yes No X	
5.3 Sound?		Yes No X	
6. If you answered no to qualified (please tick that apply): Positively Prepared: Justified: Effective: Consistent with National Page 1982.		er the Local Plan and/or SA unsound becaus	e it is not:

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Allocate or safeguard the land to the east of Radford Semele as shown on the Plan at Appendix 1 for residential development.	

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