



For Official Only	
Person ID	
Rep ID	

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- Part B Your Representations

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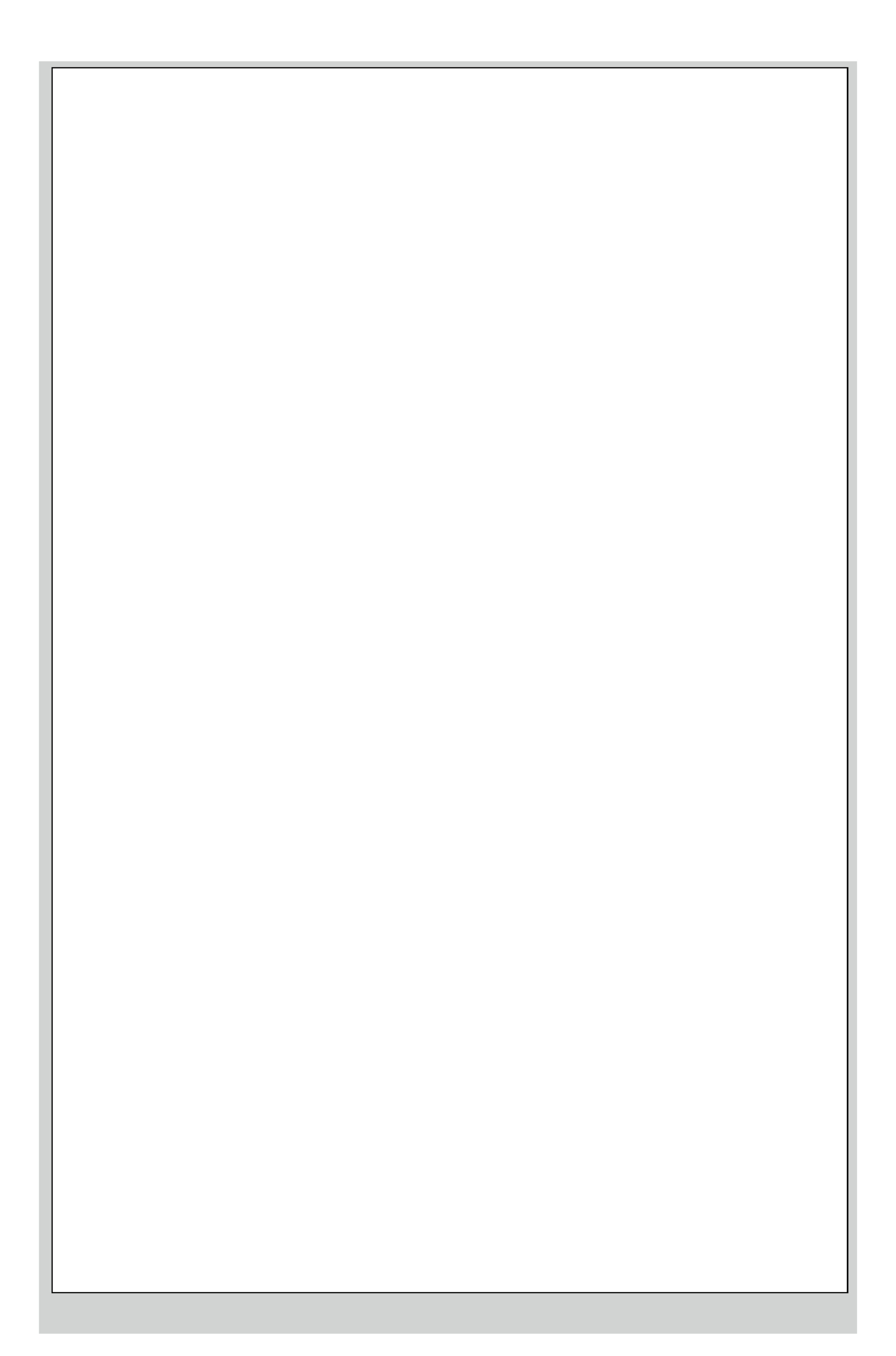
	1. Personal Details*	2. Agent's Details (if applicable)
	* If an agent is appointed, please complet boxes below but complete the full contact	te only the Title, Name and Organisation details of the agent in section 2.
Title	Ms	Mr
	Sarah	Russell
First Name	NA: Louis and	Cuesta
Last Name	Milward	Crow
Job Title (where relevant)	C/o Agent	
Organisation (where relevant)		
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
Postcode		
Telephone number		
Email address		
Linaii addi 655		
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 inde	pendent examination	Yes No
Dublication of the recommendations of any narrow annainted		
Publication of the recommendations of any person appointed to carry out an independent examination of the Local Plan Yes X No		Yes X No
to carry carrain inacportacine charmination of		
The adoption of the Legal Dian		Yes X No
The adoption of the Local Plan.		I CS IN U

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4. To which part of the Loca	al Plan or Sustainability A	Appraisal (SA) does this representation relate?
Local Plan or SA:	Local Plan	
Paragraph Number:	1.29 (Plan Period)	
Policy Number:		
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 qu	uestion 5.3, do you consid	ider 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	olicy:	

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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.
	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.

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested modification, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage. **After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues** he/she identifies for examination.

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No, I do not wish to participate at the oral examination
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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.
Signed:
27 th JUNE 2014 Date:
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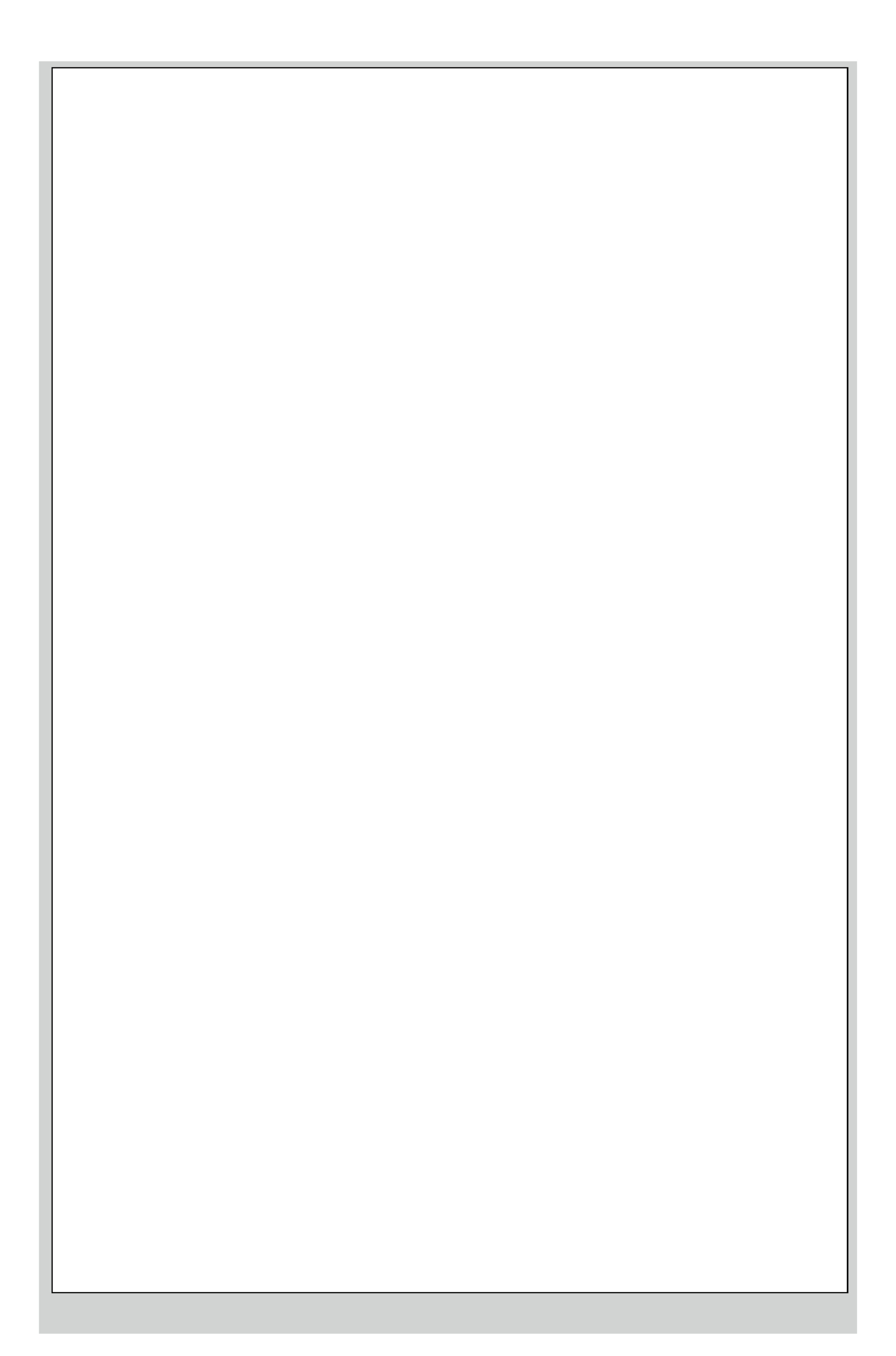
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	Sarah	Russell
First Name		
Last Name	Milward	Crow
Job Title (where relevant)	C/o Agent	
Organisation (where relevant)	C/ C / igclic	
Address Line 1		
Addrood Line 2		
Address Line 2		
Address Line 3		
Address Line 4		
Dootoodo		
Postcode		
Telephone number		
Email address		
3. Notification of subsequent stages of		
Please specify whether you wish to be	e notified of any of the following:	
The submission of the Local Plan for independent examination Yes $\begin{bmatrix} X \\ \end{bmatrix}$ No		Yes X No
Publication of the recommendations of any person appointed		
to carry out an independent examination of the Local Plan Yes X No		Yes No
The adoption of the Local Plan.		Yes X No

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4. To which part of the Loca	al Plan or Sustainability Appr	raisal (SA) does this representation relate?
Local Plan or SA:	Local Plan	
Paragraph Number:	1.44 – 1.59 (Objectives)	
Policy Number:		
Policies Map Number:		
5. Do you consider the Loca	I 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 qu	uestion 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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precise as possible.	
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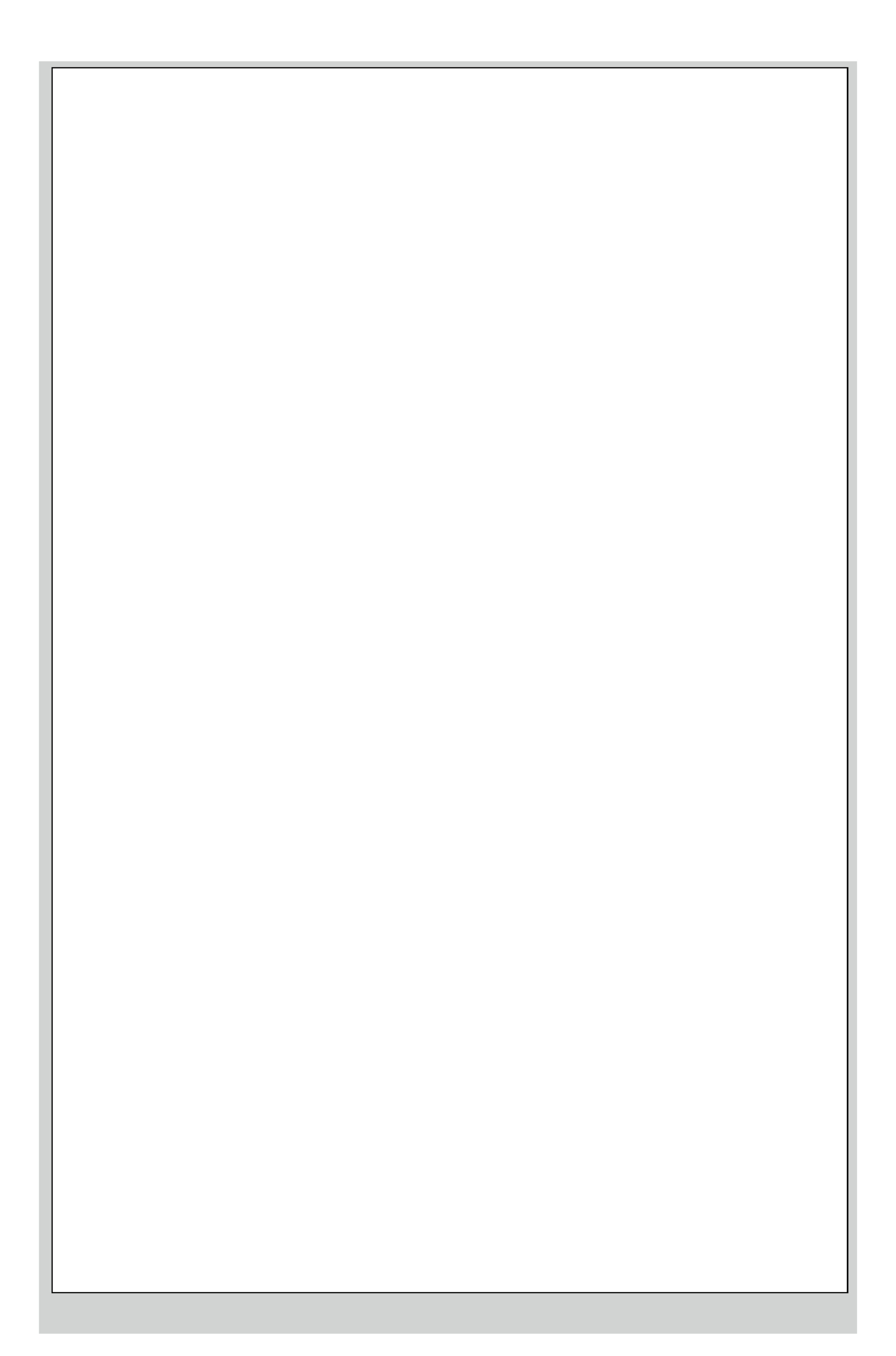
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Title	IVIS	
First Name	Sarah	Russell
Last Name	Milward	Crow
Job Title (where relevant)		
Organisation (where relevant)	C/o Agent	
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
Postcode		
Telephone number		
Email address		
Notification of subsequent stages of Please specify whether you wish to be		
i loade apoolity willouted you wilder to be	o notined of diffy of the following.	
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 No
The adoption of the Local Plan.		Yes X No

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4. To which part of the Loca	al Plan or Sustainability	Appraisal (SA) does this representation relate?
Local Plan or SA:	Local Plan	
Paragraph Number:		
Policy Number:	DS6	
Policies Map Number:		
5. Do you consider the Loca	I 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 cons	sider the Local Plan and/or SA unsound because it is not:
Positively Prepared:	X	
Justified:	X	
Effective:	X	
Consistent with National P	olicy:	

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	helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.
	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.
L	

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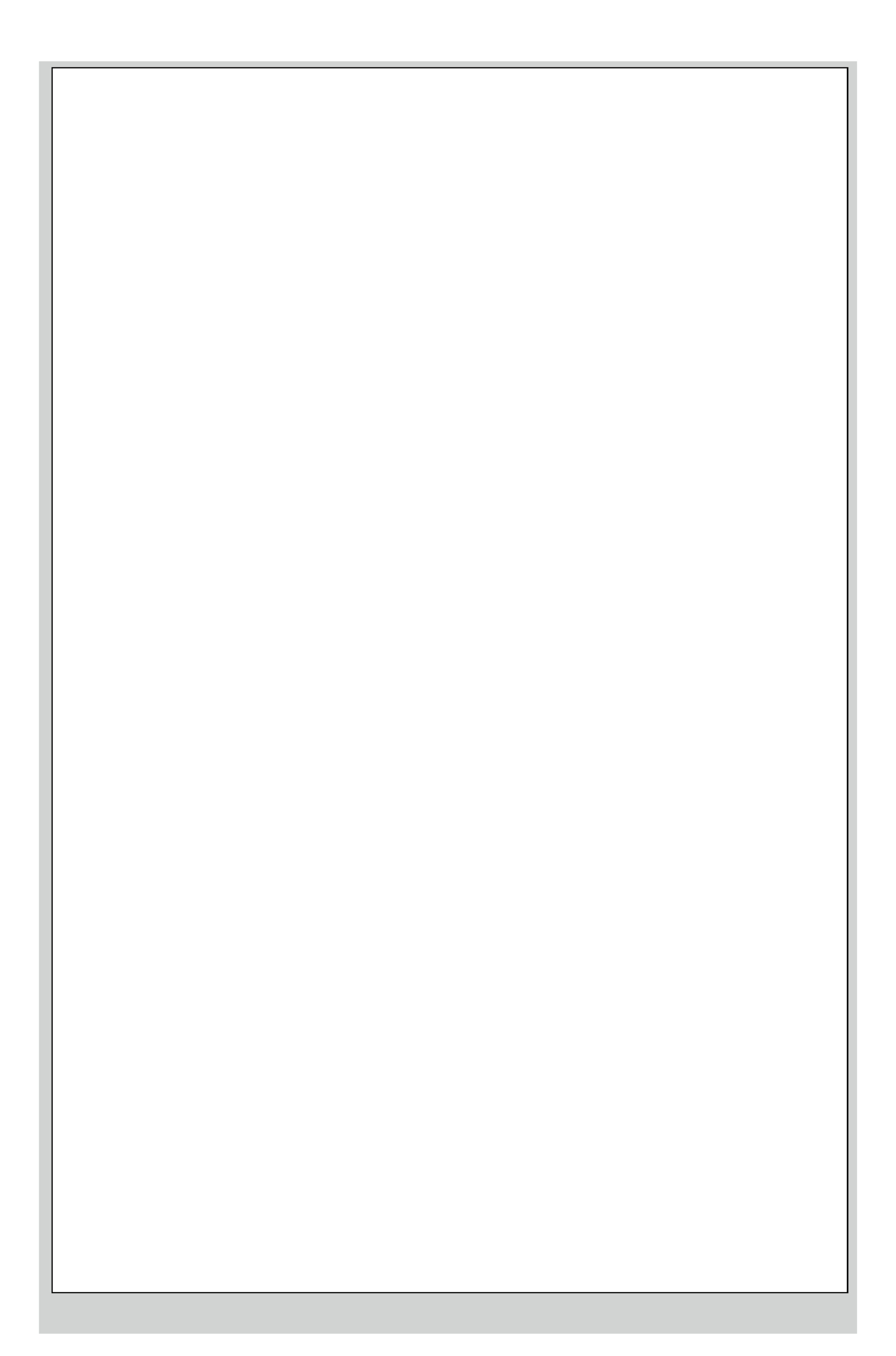
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The submission of the Local Plan for independent examination Yes X No		Yes No
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4. To which part of the Loca	al Plan or Sustainability Appraisal (SA) does this representation relate?
Local Plan or SA:	Local Plan
Paragraph Number: Policy Number:	DS19
Policies Map Number:	2 - Leamington, Warwick and Whitnash
5. Do you consider the Loca	l Plan is :
5.1 Legally Compliant?	Yes No x
5.2 Complies with the Duty to	
5.3 Sound?	Yes No X
6. If you answered no to que (please tick that apply):	uestion 5.3, do you consider the Local Plan and/or SA unsound because it is not:
Positively Prepared: Justified:	X
Effective: Consistent with National P	Policy:

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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.
Amend the Plan to allocate the area covered by the red line plan attached as an Appendix 1 to these representations, or safeguard the Site for future development and include the following policy: If it is demonstrated that either: • there is a shortfall in the supply of housing sites against housing delivery targets for a consecutive two year period; or • should a Council within the Coventry HMA demonstrate that it is not feasible for them to accommodate their own housing need. The Council will work with the developers to release and phase the delivery of land north of Milverton, currently identified on the Key Diagram, to help meet the identified shortfall/housing need.

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Warwickshire Direct Lillington, Lillington Library, Valley Road, Royal Leamington Spa	
Brunswick Healthy Living Centre, 98-100 Shrubland Street, Royal Leamington Spa	
Finham Community Library, Finham Green Rd, Finham, Coventry	

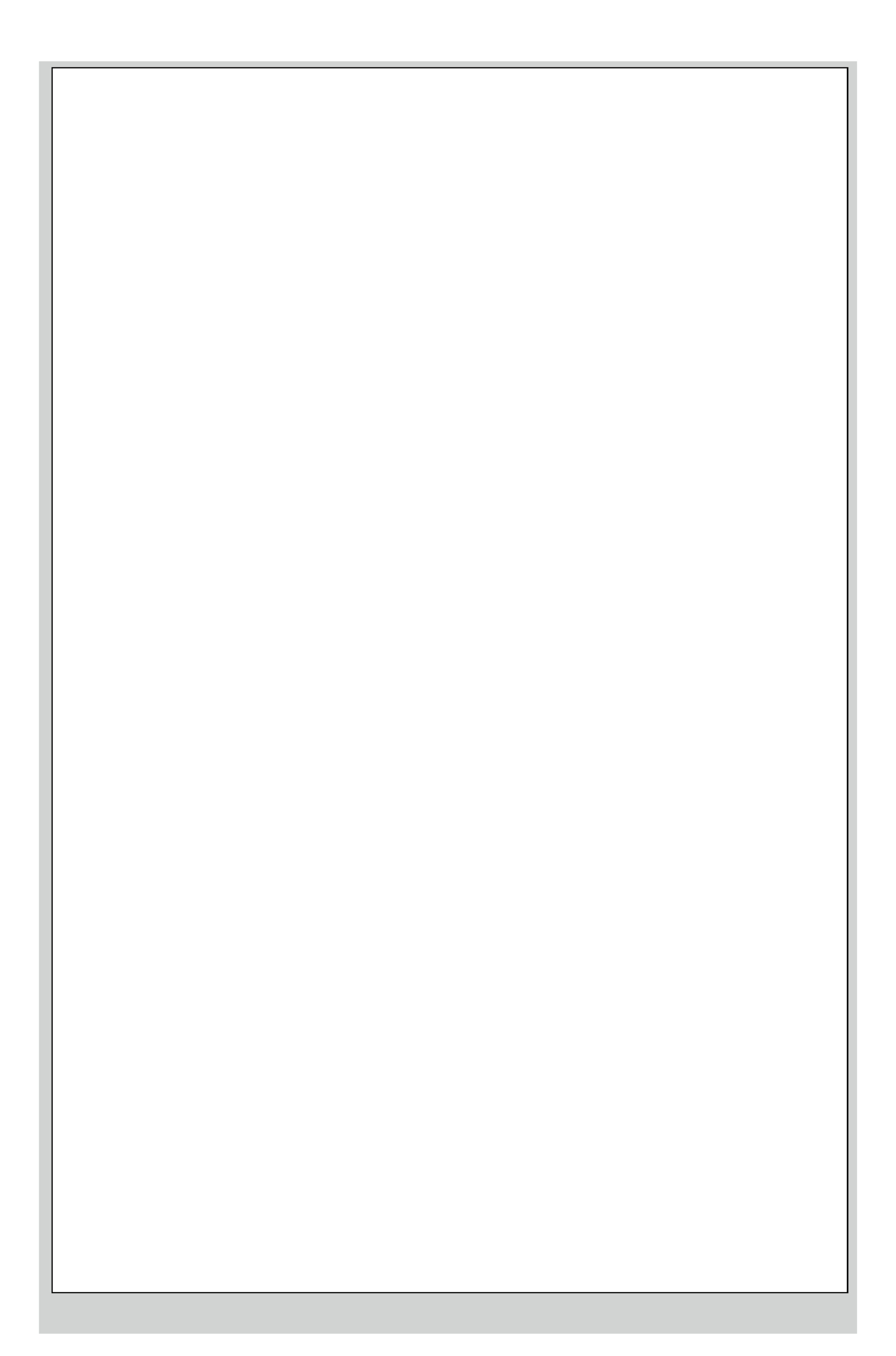
	Personal Details* If an agent is appointed, please complete boxes below but complete the full contact.	2. Agent's Details (if applicable) te only the Title, Name and Organisation details of the agent in section 2.	
Title	Ms	Mr	
First Name	Sarah	Russell	
Last Name	Milward	Crow	
Job Title (where relevant) Organisation (where relevant)	C/o Agent		
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
Postcode			
Telephone number			
Email address			
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 independent examination Yes $\begin{bmatrix} X \\ \end{bmatrix}$ 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:

4. To which part of the Loca	al Plan or Sustainabilit	ty Appraisal (SA) does this repr	esentation relate?	
Local Plan or SA:	Local Plan				
Paragraph Number:					
Policy Number:	DS20				
Policies Map Number:					
5. Do you consider the Loca	I Plan is :				
5.1 Legally Compliant?		Yes	N o X		
5.2 Complies with the Duty to Co-operate?		Yes	N o 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	olicy:				

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.
	this box to set out your comments. See attached letter.



L	
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.
	N/a – Duty to Cooperate.
	ing a bacy to cooperate.
L	

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested modification, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage. **After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues** he/she identifies for examination.

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 X
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.
Signed:
27 th JUNE 2014 Date:
Copies of all the objections and supporting representations will be made available for others to see at the Council's offices at Riverside House and online via the Council's e-consultation system. Please note that all comments on the Local Plan are in the public domain and the Council cannot accept confidential objections. The information will be held on a database and used to assist with the preparation of the new Local Plan and with consideration of planning applications in accordance with the Data Protection Act 1998.
For Official Use Only

Rep ID:

Person ID:





Publication Draft Representation Form 2014

For Official Only	
Person ID	
Rep ID	

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This form has two parts:

- Part A Personal Details
- Part B Your Representations

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Please provide your contact details so that we can get in touch with you regarding your representation(s) during the examination period. Your comments (including contact details) cannot be treated as confidential because the Council is required to make them available for public inspection. If your address details change, please inform us in writing. You may withdraw your objection at any time by writing to Warwick District Council, address below.

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 <a href="mailto:email

Where to see copies of the Plan

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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) 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 the Local Plan Please specify whether you wish to be notified of any of the following:			
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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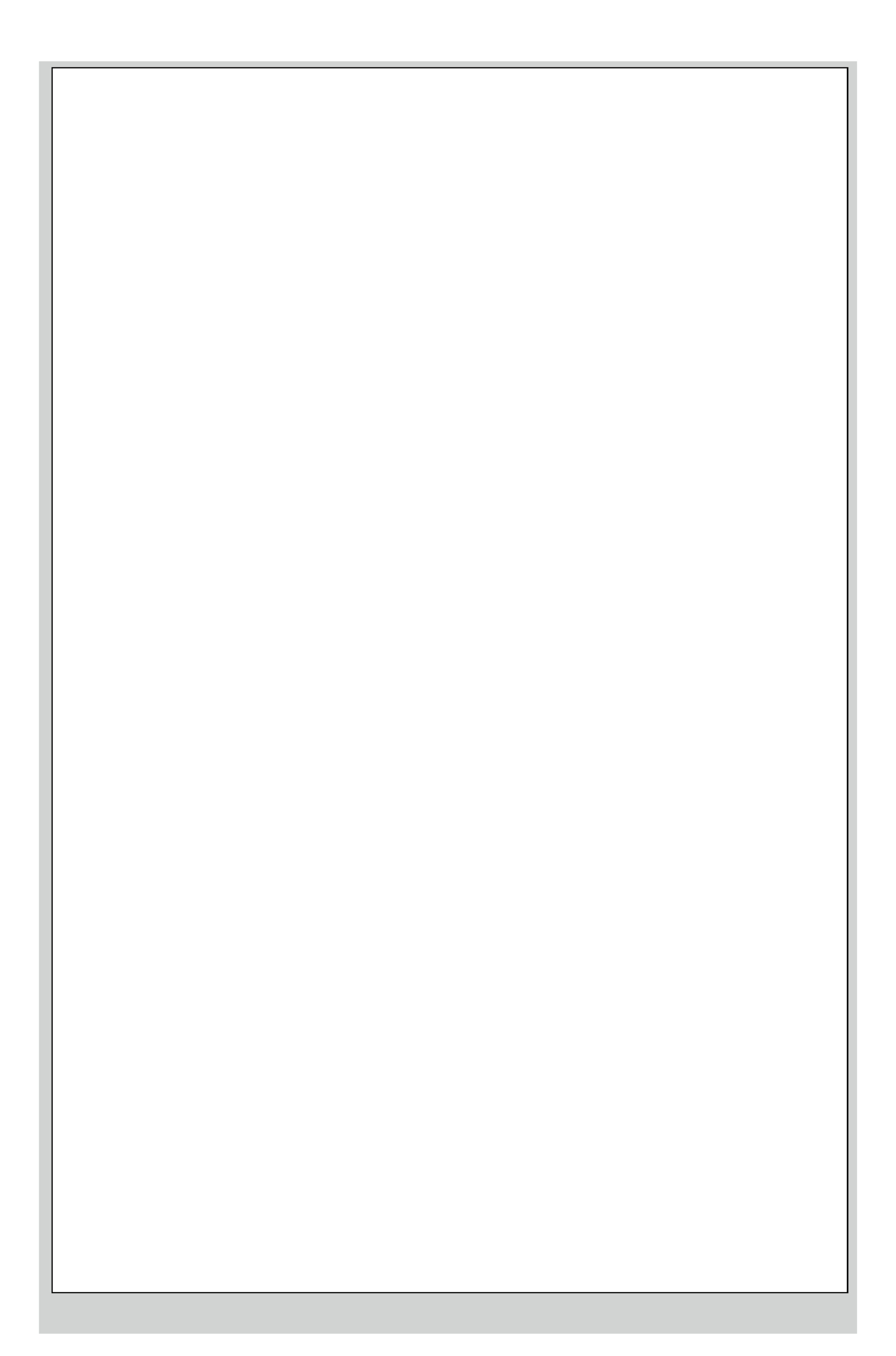
Part B - Your Representations

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

4. To which part of the Local Plan or Sustainability Appraisal (SA) does this representation relate?			
Local Plan or SA: Paragraph Number: Policy Number:	Local Plan H0		
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 que (please tick that apply):	uestion 5.3, do you consi	sider the Local Plan and/or SA unsound because it is not:	
Positively Prepared: Justified:	X		
Effective: Consistent with National P	olicy:		

For Official Use Only	
Person ID:	Rep ID:

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	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.

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No, I do not wish to participate at the oral examination
Yes, I wish to participate at the oral examination X
Tes, I wish to participate at the oral examination
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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
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Publication Draft Representation Form 2014

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Part A - Personal Details

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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 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 the recommendation of the recommendations of a to carry out an independent examination of the recommendations of a to carry out an independent examination of the recommendations of a to carry out an independent examination of the recommendations of a to carry out an independent examination of the recommendations of a to carry out an independent examination of the recommendations of a to carry out an independent examination of the recommendation of the recommendations of a to carry out an independent examination of the recommendation of the recommend		Yes X No
The adoption of the Local Plan.		Yes No

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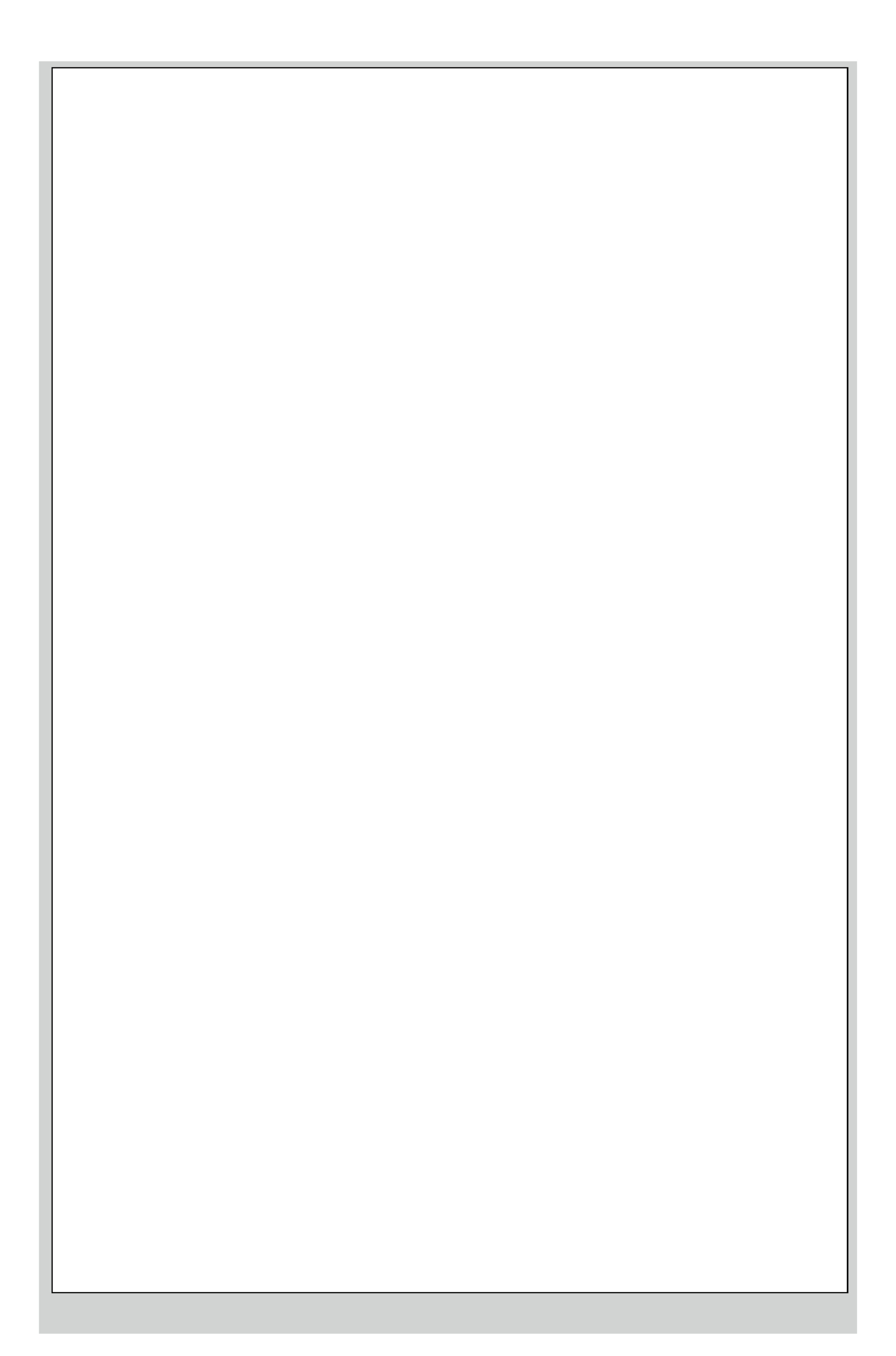
Part B - Your Representations

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	y Appraisal (SA) d	oes this representat	tion relate?	
Local Plan or SA:	Local Plan				
Paragraph Number:					
Policy Number:	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 que (please tick that apply):	estion 5.3, do you cor	nsider the Local Pl	an and/or SA unso	und because i	t is not:
Positively Prepared:	X				
Justified:	X				
Effective:	X				
Consistent with National P	olicy:				

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helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.	
Policy H2 should be re-worded in order to clarify that the overall requirement of 40% affordable hous can be reduced based on viability.	sing

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