

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 SCHEME IS FAR TOO CLOSE TO THE TOWN CENTRE TO BE WORTHWHILE, AND WOULD SHIFT TRAFFIC PROBLEMS TO AREAS AROUND BLACKDOWN & OLD MILVERTON. I WOULD NOT USE IT, AND NEITHER WOULD ANYONE I KNOW. IT WOULD ALSO DESTROY VALUABLE GREEN BELT THAT CAN NEVER BE REPLACED!

Continue on a separate sheet if necessary

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.

Continue on a separate sheet if necessary

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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Person ID:

Rep ID:

Part A - Personal Details

	1. Personal Details*	2. Agent's Details (if applicable)
Title	MR	
First Name	RICHARD	
Last Name	SHARMAN	
Job Title (where relevant)	-	
Organisation (where relevant)	-	
Address Line 1	[REDACTED]	
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 No

The adoption of the Local Plan.

Yes No

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Rep ID: