





Consultation on Proposed Modifications (2016) Response Form

For Official Only	
Person ID	
Rep ID	

Please use this form if you wish to support or object to the Proposed Modifications

This form has two parts:

Part A – Personal Details
Part B – Your Representations

If your comments relate to more than one proposed Modification you will need to complete a separate Part B of this form for each representation.

This form may be photocopied or alternatively extra forms can be obtained from the Council's offices or places where the Modifications have been made available (see the table below). You can also respond online using the Council's e Consultation System, visit: www.warwickdc.gov.uk/newlocalplan

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 returned by 4.45pm on Friday 22 April 2016

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** <u>email:</u> <u>newlocalplan@warwickdc.gov.uk</u>

Where to see copies of the documents:

Copies of the proposed Modifications, updated Sustainability Appraisal and all supporting documents are available for inspection on the Council's web site at www.warwickdc.gov.uk/newlocalplan and also at the following locations:

- Warwick District Council Offices, Riverside House, Milverton Hill, Royal Leamington Spa;
- Learnington Town Hall, Parade, Royal Learnington Spa
- Warwickshire Direct Whitnash, Whitnash Library, Franklin Road, Whitnash
- Learnington Spa Library, The Pump Rooms, Parade, Royal Learnington Spa
- 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
- Brunswick Healthy Living Centre 98-100 Shrubland Street, Royal Learnington Spa
- Finham Community Library, Finham Green Rd, Finham, Coventry, CV3 6EP

Part A - Personal Details

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Person ID:

	* If an agent is appointed, pleas boxes below but complete the fu	II contact details	oi trie	agent in se	ection 2.	nisal
Fitle	N25					
First Name	REBECCA					•
Last Name	FREEMAN					
Job Title (where relevant)						,,
Organisation (where relevant)						
Address Line 1						
Address Line 2						
Address Line 3						
Address Line 4			. :			
			: .			
Postcode						
Postcode Telephone number						
Telephone number						
Telephone number Email address 3. Notification of subsequent stages						
Telephone number Email address 3. Notification of subsequent stages Please specify whether you wish to be	notified of any of the following:	Yes		No		
Telephone number Email address 3. Notification of subsequent stages Please specify whether you wish to be The submission of the Modifications to Publication of the recommendations of	e notified of any of the following: the appointed Inspector of any person appointed	Yes Yes	Y			
Telephone number Email address 3. Notification of subsequent stages Please specify whether you wish to be The submission of the Modifications to Publication of the recommendations of to carry out an independent examinatio The adoption of the Local Plan.	e notified of any of the following: the appointed Inspector of any person appointed in of the Local Plan		Y	No _		

Rep ID:

Part B - Your Representations

Please note: this section will need to be completed for each representation you make

4. To which proposed Modification to t	the Submission Plan or	r the updated Si	ustainability /	Appraisal
(SA) does this representation relate?				

Modification or SA:	MCDIFICATION
Mod. Number:	MCD 19
Paragraph Number	
Mod. Policies Map Number:	MAP 21 SITE H53
5. Do you consider the Local	Plan is :
5.1 Legally Compliant?	Yes No
5.2 Sound?	Yes No
·	stion 5.2, do you consider the Proposed Modification is unsound because it is not
(Please tick)	
Positively Prepared:	
Justified:	
Effective:	
Consistent with National Pol	licy:

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issues he/she identifies for examination.

Person ID:

Rep ID:

No Ido no					
io, i do no	t wish to participate at the	oral examination			•
. Ludak	* *				•
es, i Wisn	to participate at the oral e	xamination			
	wish to participate at the	oral part of the ex	amination, pleas	outline why you	consider
this to	be necessary:				
				· .	•
Continue o	n a separate sheet if necessa	ary			
ase note:	This written representation	carries the same we	iaht and will he eu	hiact to the same s	ecrutiny as oral
	ns. The Inspector will deter				
icated that	they wish to participate at	the oral part of the e	xamination.		
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4 6 -1	tion				
1. Deciara			ed in line with this	consultation, and	that my comments will
	d that all comments subm	tted will be consider			
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