

CIL Draft Charging Schedule Response Form 2015

For Official Use Only

Ref:

Rep. Ref.

Please use this form if you wish to support or object to the Community Infrastructure Levy – Draft Charging Schedule

If you are commenting on multiple sections of the document you will need to complete a separate copy of 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 plan has been made available (see back page). You can also respond online using the LDP Consultation System, visit: www.warwickdc.gov.uk/planning

Part A - Personal Details

	1. Personal Details	2. Agent's Details (if applicable)
Title		Mr
First Name		Des
Last Name		Dunlop
Job Title (where relevant)		
Organisation (where relevant)		D2 Planning Limited
Address Line 1	Crest Strategic Projects	Suites 3 and 4
Address Line 2	c/o Agent	Westbury Court
Address Line 3		Church Road
Address Line 4		Bristol
Postcode		BS9 3EF
Telephone number		0117 373 1659
Email address		info@d2planning.co.uk
Would you like to be made aware of future updates on the CIL?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
About You: Gender		
Ethnic Origin		
Age	<input type="checkbox"/> Under 16	<input type="checkbox"/> 16 - 24
	<input type="checkbox"/> 45 - 54	<input type="checkbox"/> 55 - 64
		<input type="checkbox"/> 25 - 34
		<input type="checkbox"/> 35 - 44
		<input type="checkbox"/> 65+
Notifications		
Please specify whether you wish to be notified of any of the following:		
1. Submission of the Draft Charging Schedule for examination	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Examiner's Report	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Council approval of Charging Schedule	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part B - Commenting on the CIL Draft Charging Schedule

If you are commenting on multiple sections of the document you will need to complete a separate sheet for each representation

Sheet of

Which part of the document are you responding to?

Section 4 - CIL Rates

Paragraph number / Heading / Subheading (if relevant)

Map (e.g. Proposed Development Sites – District Wide)

What is the nature of your representation?

Support

Object

Please set out full details of your objection or representation of support. If objecting, please set out what changes could be made to resolve your objection (Use a separate sheet if necessary).

See Seperate Sheet

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Sheet of

CIL Examination : Right to be Heard

Do you wish to be heard by the Examiner at the examination?

Yes

No

If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:

The issues raised need to be subject to debate at the Examination.

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