



WEST OXFORDSHIRE LOCAL PLAN 2011-2031

Publication Stage Representation Form

REF:

(For Official Use Only)

Name of the Local Plan to which this
representation relates:

Please Return to West Oxfordshire District Council by 5pm, Friday 8th May 2015

By Post: Planning Policy,
West Oxfordshire District Council,
Elmfield,
New Yatt Road,
Witney,
Oxon.
OX28 1PB

Or by Email: Planning.policy@westoxon.gov.uk

This form has two parts-

PART A – Personal Details

PART B – Your Representation(s).

Please fill in a separate sheet for each representation you wish to make

PART A

1. Personal Details

2. Agent's Details (If applicable)

Title		
First Name		
Last Name		
Job Title		
Organisation		
Address Line 1		
Line 2		
Line 3		
Line 4		
Post Code		
Telephone Number		
Email Address		



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PART B – Please use a separate sheet for each representation

Name of Organisation:

3. To which part of the Local Plan does this representation relate?

Paragraph

Policy

Proposals Map

4. Do you consider the Local Plan is:

- | | | |
|--|-----|----|
| 4. (1) Legally Compliant | Yes | No |
| 4. (2) Sound | Yes | No |
| 4. (3) Complies with the
Duty to co-operate | Yes | No |

5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to 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 co-operate, please also use this box to set out your comments.



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6. 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 5 above where this relates to soundness. (NB 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.

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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7. 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

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

Please note 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

9. Signature

Date