

LOCAL PLAN PARTIAL REVIEW

Publication Consultation - Response Form

Details of what we are consulting on, and why, can be found on the Council website at www.nwleics.gov.uk/localplanmysay. You can also participate in the consultation online.

Please complete both Part A and Part B. For questions where there are multiple choice answers, please indicate your choice by placing a 'X' in the appropriate box(es).

PART A - Personal Details

If you are responding on behalf of yourself, or your own organisation, please fill in all the 'Personal Details' fields. If an agent is appointed to act on your behalf, please complete only the Title, Name and Organisation boxes in the Personal Details column, but complete all the 'Agent's Details' fields.

	Personal Details	Agent's Details (if applicable)
Title	MRS	
First Name	LOUISE	
Last Name	WARD	
Job Title (where relevant)		
Organisation (where relevant)	PERSIMMON HOMES NORTH MIDLANDS	
Address Line 1	DAVIDSON HOUSE	
Address Line 2	MERIDIAN GAST	
Address Line 3	MERIDIAN BUSINES SAR	rek /
Address Line 4	LEICESTER	
Postcode	LEI9 INZ	
Telephone		
Email address		

PART B – Your Representation	111-1		A 100			
1. To which part of the consultation does this representation			Partial Review (Policy S1 and supporting text			
relate?	>					
Please note – comments should be restricted to the matters listed only			Sustai	inability Appraisa		
	ats Regulations sment					
2. Do you consider the Local Plan Partial Review is:	-					
Legally compliant	X	Ye	 !S	No		
Sound	Ye:			No		
Complies with the Duty to co-operate	X	Ye		No		
If you wish to support the legal compliance or soundness of the Lothe duty to co-operate, please also use this box to set out your continuous to the support the legal compliance or soundness of the Lothe duty to co-operate, please also use this box to set out your continuous to the legal compliance or soundness of the Lothe duty to co-operate, please also use this box to set out your continuous to the legal compliance or soundness of the Lothe duty to co-operate, please also use this box to set out your continuous to the legal compliance or soundness of the Lothe duty to co-operate, please also use this box to set out your continuous to the legal compliance or soundness of the Lothe duty to co-operate, please also use this box to set out your continuous to the legal compliance or soundness of the Lothe duty to co-operate, please also use this box to set out your continuous to the legal compliance or soundness of the legal compliance or soundness or soundness of the legal compliance or soundness	mme	ents	5			
(Continue on a separate sheet /expand box if necessary)						
4. Please set out the modification(s) you consider necessary to ma compliant and sound, in respect of any legal compliance or soundnessed at 3 above. (Please note that non-compliance with the displayment of modification at examination). You will need to say why each modification will make the Local Plar It will be helpful if you are able to put forward your suggested revises. Please be as precise as possible.	ess i	mat co c	ters yo	ou have ate is incapable		
NA						

North West Leicestershire Local Plan Partial Review – Publication Consultation (November 2019)								
			,					
(Continue o	on a separate	sheet /expand	box if necessary)					
Please note: In your representation you should provide supporting information necessary to support your representation(s). You should not assume that you will have submissions.	e a further	opportunity	to make					
After this stage, further submissions may only Inspector, based on the matters and issues examination.	he made he or s	if invited she identi	ifies for					
5. If your representation is seeking a modification, do you c examination?	onsider it n	ecessary to	speak at the					
No I do not wish to speak at the Examination		X						
Yes I would like to speak at the Examination	Yes I would like to speak at the Examination							
Please note that while this will provide an initial indication in hearing session(s), you may be asked at a later point participate.	n of your w t to confirm	vish t o parti n your requ	cipate est to					
6. If you wish to speak at the examination, please outline w	hy you cor	nsider this to	be necessary					
N/A			d box if necessary)					
Please note the Inspector will determine the most ap hear those who have indicated that they wish to participate may be asked to confirm your wish to participate when matters and issues for examination.	pate in ne	aring sessio	11(5). 10u					
7. Do you wish to be notified of subsequent stages of the I	ocal Plan?	-						
Submission	X	Yes	No					
Publication of Inspector's Report	X	Yes	No					
Adoption of the Local Plan Partial Review	X	Yes	No					

Declaration

I understand that all representations submitted will be considered in line with this consultation, and that my comments will be made publically available and may be identifiable to my name / organisation.

I understand that an unredacted copy of all representations will be made available to the Planning Inspectorate and to the person appointed by the Secretary of State to conduct the examination.

I acknowledge that I have read and accept the information and terms specified under the Data Protection and Freedom of Information Statement.

Signed:

Date:

DATA PROTECTION AND FREEDOM OF INFORMATION STATEMENT

The personal information you provide on this form will be processed in accordance with the requirements of the Data Protection Act. It will be used only for the preparation of local development documents as required by the Planning and Compulsory Purchase Act 2004, save for requests of such information required by way of enactment. Your name, organisation and representations will be made publically available when displaying and reporting the outcome of this statutory consultation stage, and cannot be treated as confidential. Other details, including your address and signature, will not be publically available.

A non-redacted copy of all representations will be made available to the Planning Inspectorate and to the person appointed by the Secretary of State to conduct the examination.

You should not include any personal information in your comments that you would not wish to be made publically available.

Your details will remain on our database and may be used to inform you of future planning policy matters and procedures. If at any point in time you wish to be removed from the database, or to have your details changed, please contact the Planning Policy team on 01530 454 676 or planning.policy@nwleicestershire.gov.uk.

Please send completed forms to <u>planning.policy@nwleicestershire.gov.uk</u> or Planning Policy Team, NWLDC, Council Offices, Whitwick Road, Coalville LE67 3FJ

The deadline for responses is the end of Wednesday 8 January 2020