

7/1/IF2/S

Representor 7



LOCAL PLAN

Ref:
(For official use only)

Publication Stage Representation Form

North West Leicestershire Local Plan Proposed Submission

Please return this form to North West Leicestershire District Council either by post:

Planning Policy, North West Leicestershire District Council, Council Offices, Whitwick Road, Coalville LE67 3FJ or email planning.policy@nwleicestershire.gov.uk no later than **5pm on 15 August 2016**.

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 Details

**If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details for the agent in 2.*

Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text" value="Ross"/>	<input type="text"/>
Last Name	<input type="text" value="Anthony"/>	<input type="text"/>
Job Title <i>(Where relevant)</i>	<input type="text"/>	<input type="text"/>
Organisation <i>(Where relevant)</i>	<input type="text" value="Theatres Trust"/>	<input type="text"/>
Address Line 1	<input type="text" value="[REDACTED]"/>	<input type="text"/>
Line 2	<input type="text" value="[REDACTED]"/>	<input type="text"/>
Line 3	<input type="text"/>	<input type="text"/>
Line 4	<input type="text"/>	<input type="text"/>
Post Code	<input type="text" value="[REDACTED]"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
Email Address <i>(Where relevant)</i>	<input type="text" value="[REDACTED]"/>	<input type="text"/>

Part B - Please use a separate sheet for each representation

Name or Organisation:

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

Paragraph(s) Policy Policies Map

4. Do you Consider the Local Plan is:
(Please tick as appropriate)

i) Legally Compliant	Yes	<input type="text" value="x"/>	No	<input type="text"/>
ii) Sound	Yes	<input type="text" value="x"/>	No	<input type="text"/>
iii) Complies with the Duty to co-operate	Yes	<input type="text" value="x"/>	No	<input type="text"/>

5. Please give details of why you consider the Local Plan 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.

The answers to question 4 only relate to Policy IF2.
The Theatres Trust supports the inclusion of Policy IF2: Community and Cultural Facilities. It aims to safeguard and promote community and cultural facilities that are essential to supporting sustainable communities and therefore reflects guidance in para. 70 of the NPPF.

(Continue on a separate sheet/expand box if necessary)

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.

(Continue on a separate sheet/expand box 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 only be at the request of the Inspector, based on the matters and issues he/she identifies for examination.

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: