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| For Office Use only: |  |  |
| Date                 |  |  |
| Ref                  |  |  |

## Core Strategy Development Plan Document

Regulation 20 of the Town & Country (Local Development) (England) Regulations 2012.

### Publication Draft - Representation Form

#### PART A: PERSONAL DETAILS

\* If an agent is appointed, please complete only the Title, Name and Organisation in box 1 below but complete the full contact details of the agent in box 2.

|                                  | 1. YOUR DETAILS*     | 2. AGENT DETAILS (if applicable) |
|----------------------------------|----------------------|----------------------------------|
| Title                            | MR                   |                                  |
| First Name                       | ██████████           |                                  |
| Last Name                        | WADSWORTH            |                                  |
| Job Title<br>(where relevant)    |                      |                                  |
| Organisation<br>(where relevant) |                      |                                  |
| Address Line 1                   | ████████████████████ |                                  |
| Line 2                           | ██████████           |                                  |
| Line 3                           | ██████████           |                                  |
| Line 4                           | BRADFORD             |                                  |
| Post Code                        | BD4 ██████           |                                  |
| Telephone Number                 | ██████████           |                                  |
| Email Address                    | ████████████████████ |                                  |
| Signature:                       | <input type="text"/> | Date: 26/03/14                   |

#### Personal Details & Data Protection Act 1998

Regulation 22 of the Town & Country Planning (Local Development) (England) Regulations 2012 requires all representations received to be submitted to the Secretary of State. By completing this form you are giving your consent to the processing of personal data by the City of Bradford Metropolitan District Council and that any information received by the Council, including personal data may be put into the public domain, including on the Council's website. From the details above for you and your agent (if applicable) the Council will only publish your title, last name, organisation (if relevant) and town name or post code district. Please note that the Council cannot accept any anonymous comments.

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**PART B – YOUR REPRESENTATION - Please use a separate sheet for each representation.**

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

|         |          |           |  |        |  |
|---------|----------|-----------|--|--------|--|
| Section | 4.1<br>5 | Paragraph | Figure<br>BD1:special<br>Vision<br><br>5.4 48.49<br><br>5.4 .80-98 | Policy | Sub-area<br>Policy<br>BD1E1.<br><br>Policy EN4 A |
|---------|----------|-----------|--|--------|--|

**4. Do you consider the Plan is:**

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

**5. Please give details of why you consider the Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please refer to the guidance note and be as precise as possible. If you wish to support the legal compliance, soundness of the Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.**

6. Please set out what modification(s) you consider necessary to make the Plan legally compliant or sound, having regard to the test you have identified at question 5 above where this relates to the soundness. (N.B 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 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 change, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage.*

*Please be as precise as possible.*

*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.*

**7. If your representation is seeking a modification to the Plan, do you consider it necessary to participate at the oral part of the examination?**

**NO**

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:**

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*Please note the Inspector will determine the most appropriate procedure to adopt when considering to hear those who have indicated that they wish to participate at the oral part of the examination.*

**9. Signature:**

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|--|

**Date:**

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**Core Strategy Development Plan Document (DPD) : Publication Draft**

**PART C: EQUALITY AND DIVERSITY MONITORING FORM**



