

Core Strategy Development Plan Document

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

Publication Draft - Representation Form

Monday 17th February until Monday 31st March 2014

This is your opportunity to comment on the Core Strategy Publication Draft document. The Council would like to hear your views on the 'soundness' of the Plan, legal compliance of the Plan and on the duty to co-operate.

You can access the Core Strategy documents online and additional copies of this form from our website:
www.bradford.gov.uk/ldf.

For further information you can contact the Local Plan Group by:

- **Emailing us at:** ldf.consultation@bradford.gov.uk
- **Phoning us on:** (01274) 433679

Please make your representation on this official form that has been specifically designed to assist you in making your representation to cover the matters the Inspector will consider in the report on the plan. A copy of this form will be provided to the Inspector.

This form has three parts:

- **Part A** – Personal Details
- **Part B** – Your Representation(s). *Please fill in a separate sheet for each representation you wish to make.*
- **Part C** – Equality and diversity monitoring form

The Council has produced a separate **guidance note** to assist you in making your representation. This contains detailed information on legal compliance, the duty to co-operate and on soundness. You are strongly encouraged to read to this information to make the fullest use of this opportunity.

Please return this completed representation form to the Local Plan Group by either:

- **E-mail to:** ldf.consultation@bradford.gov.uk
- **Post to:** Local Plan Group, City of Bradford Metropolitan District Council,
2nd Floor South, Jacobs Well, Nelson Street, Bradford, BD1 5RW

**For your representation to be 'duly made' the Council must
receive it no later than 5pm on Monday 31st March 2014**

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

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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 | Mrs | |
| First Name | [REDACTED] | |
| Last Name | Brown | |
| Job Title (where relevant) | | |
| Organisation (where relevant) | | |
| Address Line 1 | [REDACTED] | |
| Line 2 | | |
| Line 3 | | |
| Line 4 | Ilkley | |
| Post Code | LS29 [REDACTED] | |
| Telephone Number | [REDACTED] | |
| Email Address | [REDACTED] | |
| Signature: | [REDACTED] | Date: 31.03.2014 |

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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| Ref | | | |

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

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

| | | | | | |
|---------|----------------------|-----------|----------------------|--------|----------------------------------|
| Section | <input type="text"/> | Paragraph | <input type="text"/> | Policy | <input type="text" value="SC3"/> |
|---------|----------------------|-----------|----------------------|--------|----------------------------------|

4. Do you consider the Plan is:

| | | | | |
|---|-----|----------------------|----|---|
| 4 (1). Legally compliant | Yes | <input type="text"/> | No | <input type="text"/> |
| 4 (2). Sound | Yes | <input type="text"/> | No | <input type="text"/> |
| 4 (3). Complies with the Duty to co-operate | Yes | <input type="text"/> | No | <input checked="" type="text" value="X"/> |

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.

The plan shows no evidence of co-operation with Leeds over the effect of their housing numbers on the A65 and the effect on that road of additional houses within Wharfedale.

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:

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:

Date:

31.03.2014