



**Braintree District Council
Local Development Framework
Pre Submission Site Allocations and Development
Management Plan**

Ref:

**(For official
use only)**

Representation Form

Responses are encouraged via the Council's online consultation system available on the website, see www.braintree.gov.uk/planning_and_building However, this form can be returned electronically, or in hard copy if preferred.

All responses must be sent to planningpolicy@braintree.gov.uk or Planning Policy, Braintree District Council, Causeway House, Bocking End, Braintree, CM7 9HB and received by no later than **5pm on Friday, 28th March 2014**. Responses received after this time will not be accepted.

Please read the accompanying guidance notes before completing this form.

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*

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

Title _____

First Name _____

Last Name _____

Job Title _____

(where relevant)

Organisation _____

(where relevant)

Address Line 1 _____

Line 2 _____

Line 3 _____

Post Code _____

Telephone Number _____

E-mail Address _____
(where relevant)

2. Agent's Details (if applicable)

Title _____

First Name _____

Last Name _____

Job Title _____

(where relevant)

Organisation _____

(where relevant)

Address Line 1 _____

Line 2 _____

Line 3 _____

Post Code _____

Telephone Number _____

E-mail Address _____
(where relevant)

Part B – Please use a separate sheet for each representation

Your representation should cover all the information, evidence and supporting information necessary to support/justify the representation and the suggested change.

After this stage, further submission will only be at the request of the Inspector, based on the matters and issues he/she identifies for examination.

3. To which part of the Site Allocations and Development Management Pre Submission Plan does this representation relate?

Paragraph

Policy

Other e.g. Map, Table,
Site Ref.

4. Do you consider the Site Allocations and Development Management Pre Submission Plan is :

4.(1) Legally compliant (please refer to guidance notes) Yes No

4.(2) Sound (please refer to guidance notes) Yes No

4. (3) Complies with the Duty to Cooperate Yes No

*If you have entered **No** to 4(2), please continue to Q5. In all other circumstances, please go to Q6*

5. Do you consider the Site Allocations and Development Management Pre Submission Plan is **unsound** because it is not:

(1) Positively Prepared

(2) Justified

(3) Effective

(4) Consistent with national policy

6. Please give details of why you consider the Site Allocations and Development Management Pre Submission Plan is not legally compliant or is unsound. Please be as precise as possible. You may set out your comments in bullet point form.

If you wish to support the legal compliance or soundness of the Site Allocations and Development Management Pre Submission Plan, please also use this box to set out your comments.

If you are submitting additional information, this must be summarised in the box below (please note that to state 'see supporting document' etc. is not sufficient).

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

7. Please set out what change(s) you consider necessary to make the Site Allocations and Development Management Pre Submission Plan legally compliant or sound (NB Please note that any non-compliance with the Duty to Cooperate is incapable of modification at examination). You will need to say why this change will make the Site Allocations and Development Management Pre Submission 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 that to state 'see supporting document' etc. is not sufficient).

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

8. If your representation is seeking a change, 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

9. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary (please note that to state 'see supporting document' etc. is not sufficient):

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.

Monitoring Information

Please complete the monitoring form and return it with your representation. This allows us to monitor which groups are participating in the Local Development Framework process and which may need further support. The data will be detached from your representation and separated from any other information that could link it to you. (If you are printing and submitting a hard copy of this monitoring form please ensure that it is not printed on the reverse of the representation form.)

Gender

Female	
Male	
Transgender	
Prefer not to say	

Age

17 and under	
18 – 29	
30 - 44	
45 – 59	
60 – 74	
75 and over	
Prefer not to say	

Do you have a disability?

Yes	
No	
Prefer not to say	

Ethnic Origin

White – British	
White – Irish	
White – Other	
Mixed – White and Black Caribbean	
Mixed – White and Black African	
Mixed – White and Asian	
Mixed Other	
Asian or Asian British – Indian	
Asian or Asian British – Pakistani	
Asian or Asian British – Bangladeshi	
Asian or Asian British - Other	
Black or Black British – Caribbean	
Black or Black British – African	
Black or Black British – Other	
Chinese	
Any other ethnic group, please specify below	