



Salt Cross Garden Village Area Action Plan

Publication Stage Representation Form

REF:

(For Official Use Only)

Name of the Document to which

this representation relates:

Please Return to West Oxfordshire District Council by 5pm, Friday 23 October 2020

By Post: Planning Policy,
West Oxfordshire District Council,
Elmfield,
New Yatt Road,
Witney,
Oxon.
OX28 1PB

Or by Email: planning.policy@westoxon.gov.uk

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's Details (If applicable)

Title		
First Name		
Last Name		
Job Title		
Organisation		
Address Line 1		
Line 2		
Line 3		
Line 4		
Post Code		
Telephone Number		
Email Address		



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PART B – Please use a separate sheet for each representation

Name of Organisation:

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

Paragraph	<input type="text"/>	Policy	<input type="text"/>	Policies Map	<input type="text"/>
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4. Do you consider the Area Action Plan is:

4. (1) Legally Compliant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. (2) Sound	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. (3) Complies with the Duty to co-operate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

5. Please give details of why you consider the Area Action Plan is 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 Area Action Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.



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6. Please set out what modification(s) you consider necessary to make the Area Action Plan legally compliant or sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that any non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why each modification will make the Area Action 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 modification(s). You should not assume that you will have a further opportunity to make submissions.

After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he or she identifies for examination.



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7. If your representation is seeking a modification to the AAP, do you consider it necessary to participate in examination hearing session(s)?

No, I do not wish to participate in hearing session(s)

Yes, I wish to participate in hearing session(s)

8. If you wish to participate in the hearing session(s), 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 in hearing session(s). You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.

9. Signature Date