NORTH HERTFORDSHIRE DISTRICT COUNCIL



LOCAL PLAN PUBLICATION STAGE REPRESENTATION FORM

North Hertfordshire Proposed Submission Local Plan

Please return this form to North Hertfordshire District Council either by email to: local.plans@north-herts.gov.uk or by post to: Strategic Planning and Projects Group, NHDC, PO Box 480, M33 0DE

The deadline for receipt of representations is **30 November 2016.** Late representations will not be considered.

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 the agent in 2.

Title	Mr	
First Name	David	
Last Name	Ames	
Job Title (Where relevant)	Head of Strategic Planning	
Organisation (Where relevant)	Letchworth GC Heritage Foundation	
Address Line 1	Foundation House	
Line 2	Icknield Way	
Line3	Letchworth Garden City	
Line 4	Herts	
Post Code	SG6 3JA	
Telephone Number	01462 476007	
Email Address	david.ames@letchworth.com	

Part B - Please use a separate sheet for each representation

It is recommended that you read the Guidance Notes provided for an explanation of the terms used in this form.

Name or Organisation: Letchworth Garden City Heritage Foundation

3.	To which part of the Local Plan does this representation relate?								
Pa	ragra	aph(s)	Policy	CGB5	Site				
4.	Do	you Consider the Local Plan	n is:						
	i) ((Please tick as appropriate) Legally Compliant	Yes	Х	No				
	ii)	Sound	Yes	Х	No				
	If No, which of the Soundness tests does it fail?								
		Positively prepared							
		Justified							
		Effective							
		Consistent with National Po	olicy						
	iii)	Complies with the	Yes	Х	No				
		Duty to co-operate							
 Please give details of why you consider the Local Plan not legally compliant or is unsound or facomply 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 w duty to co-operate, please also use this box to set out your comments. 									
	We welcome the inclusion of this policy, as such land plays an important role in reinforcing the character and setting of Letchworth Garden City.								
We consider it important to protect existing outdoor sport and recreational activities and also recognise that in order for this to function well there does need to be ancillary built facilities as incorporated within this policy.									
	Letchworth includes a number of buffer areas between residential and business uses and as part of the original layout of the town and their protection in our opinion is very important to maintain the character of the Garden City. These areas are also of biodiversity value. (Continue on a separate sheet 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 question 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.						o <i>of</i> an
	Please not information will not nor	on a separate sheet if necessa e your representation should necessary to support/justify mally be a subsequent opport ion at publication stage.	cover co	sentation a	nd the sug	ggested modification, a	as there
		stage, further submissions v d issues he/she identifies fo			equest of	the Inspector, based	on the
7.		esentation is seeking a modifiexamination?	cation, do	you consid	ler it neces	ssary to participate at t	he oral
	Х	No , I do not wish to partici at the oral examination.	pate			vish to participate at I examination	
8.	If you wish necessary:	─ to participate at the oral part o	of the exa	mination, pl	ease outli	ne why you consider th	is to be
		te the inspector will determine indicated that they wish to part					se
9.	Do you wish	n to be notified when the Loca	al Plan is s	submitted?			
	Yes	Yes, I do wish to be notified	I		No, I do r	not wish to be notified	
10.	Signature:	David Ames	Date:	29 th Nov	2016		