# 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: <a href="mailto:local.plans@north-herts.gov.uk">local.plans@north-herts.gov.uk</a> 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 (Where relevant)	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.	То	which part of the Local Plan	n does this rep	presentation re	late?				
Pa	ragra	aph(s)	Policy	NE2	Site				
4.	Do	o you Consider the Local Plan is:							
	i) (	Please tick as appropriate) Legally Compliant	Yes	Х	No				
	ii)	Sound	Yes	Х	No				
		If No, which of the Soundn	ess tests does	s it fail?					
		Positively prepared							
		Justified							
		Effective							
		Consistent with National P	olicy						
	iii)	Complies with the Duty to co-operate	Yes	Х	No				
5.	5. Please give details of why you consider the Local Plan not legally compliant or is unsound or 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 Local Plan or its compliance duty to co-operate, please also use this box to set out your comments.								
	ny proposals within art in the character and								

(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.						to e <i>of</i> an
		n a separate sheet if necess <b>e</b> your representation should		ncisely all t	he informa	ation evidence and su	pporting
	information will not nor	necessary to support/justify mally be a subsequent opportion at publication stage.	the repre	sentation a	nd the sug	ggested modification,	as there
		tage, further submissions d issues he/she identifies t			equest of	the Inspector, based	on the
7. If your representation is seeking a modification, do you consider it necessary to participate part of the examination?						ssary to participate at t	he oral:
	Х	<b>No</b> , I do not wish to partic at the oral examination.	ipate			vish to participate at I examination	
8.	If you wish to necessary:	o participate at the oral part	of the exa	mination, p	lease outli	ne why you consider th	nis to be
		te the inspector will determin ndicated that they wish to pa					se
9.	Do you wish	n to be notified when the Loc	al Plan is s	submitted?			
	Yes	Yes, I do wish to be notified	d		No, I do i	not wish to be notified	
10.	Signature:	David Ames	Date:	29 <sup>th</sup> Nov	2016	]	