



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](mailto: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 (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. To which part of the Local Plan does this representation relate?

Paragraph(s)  Policy  Site

4. Do you Consider the Local Plan is:

*(Please tick as appropriate)*

i) Legally Compliant	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
ii) Sound	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

If No, which of the Soundness tests does it fail?

Positively prepared ☐

Justified ☐

Effective ☐

Consistent with National Policy ☐

iii) Complies with the Duty to co-operate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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5. Please give details of why you consider the Local Plan 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 Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

We support the requirements of this policy, which accords with the provisions of the NPPF.

*(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.

*(Continue on a separate sheet if necessary)*

**Please note** your representation should cover concisely all the information, evidence and supporting information necessary to support/justify the representation and the suggested modification, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage.

**After this stage, further submissions will only be 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, do you consider it necessary to participate at the oral part of the examination?

X

**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 to hear those who have indicated that they wish to participate at the oral part of the examination.

9. Do you wish to be notified when the Local Plan is submitted?

Yes

**Yes**, I do wish to be notified

**No**, I do not wish to be notified

10. Signature:

David Ames

Date:

29<sup>th</sup> Nov 2016