**Cherwell Local Plan Review 2042**

**Regulation 19 Consultation - Proposed Submission Documents December 2024**

**Representation Form**

The Proposed Submission Documents are available for inspection and comment from **Thursday 19 December 2024 to Tuesday, 11.59pm on 25 February 2025.**

**Representations received after this date and time may not be considered.**

**How to use this form**

Please refer to the accompanying Guidance Notes.

Please complete **Part A** in full.

Then complete **Part B** **for each part of the document you wish to comment on**.

As well as the proposed Local Plan this form can also be used to comment on the sustainability appraisal and other supporting documents.

**PLEASE NOTE THAT ANONYMOUS OR CONFIDENTIAL COMMENTS CANNOT BE ACCEPTED. YOUR NAME AND COMMENTS WILL BE PUBLISHED WHEN THE CONSULTATION IS COMPLETE, BUT PERSONAL INFORMATION (SUCH AS YOUR ADDRESS OR EMAIL ADDRESS) WILL REMAIN CONFIDENTIAL.**

**Please return completed forms:**

**By Email to:** PlanningPolicyConsultation@cherwell-dc.gov.uk

**Or by post to:** Planning Policy Consultation, Planning Policy Team, Strategic Planning and the Economy, Cherwell District Council, Bodicote House, Bodicote, Banbury, OX15 4AA.

If you have any questions about completing the form, please telephone 01295 221779.

Your details will be added to our mailing list which means that you will be automatically notified of the submission of the local plan for independent examination, of the publication of the recommendations of the person appointed to carry out the examination, and of the adoption of the local plan. If you subsequently wish to be removed from our mailing list please contact us.

|  |
| --- |
| **PART A** |

|  |  |  |
| --- | --- | --- |
|  | **Details of the person / body making the comments** | **Details of the agent submitting the comments on behalf of another person / body**(if applicable) |
| **Title** |  |  |
| **First Name** |  |  |
| **Last Name** |  |  |
| **Job Title (***where relevant****)*** |  |  |
| **Organisation (***where relevant)* |  |  |
| **E-mail Address** |  |  |
| **Postal Address** |  |  |
| **Post Code** |  |  |
| **Telephone Number***(optional)* |  |  |

|  |  |
| --- | --- |
| **Please state how many Part B forms are submitted with this representation** |  |

|  |
| --- |
| **PART B – Please complete a separate Part B form for each part of the document you wish to comment on** |
| **Name** *(to ensure the comments are correctly recorded from each form)* |  |

**1. To which document does this representation relate?**

|  |  |
| --- | --- |
| **Proposed Submission Plan** | **Yes / No** (please delete) |
| **Policies Map within the Plan** | **Yes / No** (please delete) |
| **Sustainability Appraisal Report** | **Yes / No** (please delete) |
| **Other Document**(*please specify)* |  |

**2. To which part of the document does this representation relate?**

|  |  |
| --- | --- |
| **Paragraph***(please specify)* |  |
| **Policy***(please specify)* |  |
| **Table**(please specify) |  |
| **Appendix** (please specify) |  |
| **Other reference in document** *(please specify)* |  |

**3. Do you consider the Proposed Submission Plan to be:**

|  |  |
| --- | --- |
| **Legally & Procedurally Compliant?** | **YES / NO** (please delete) |
| **Compliant with the Duty to Cooperate?** | **YES / NO** (please delete) |
| *The ‘tests’ of Soundness:* |
| **Positively Prepared**  | **YES / NO** (please delete) |
| **Justified** | **YES / NO** (please delete) |
| **Effective**  | **YES / NO** (please delete) |
| **Consistent with National Policy** | **YES / NO** (please delete) |

**4. Please provide the reasons if you have selected ‘NO’ to any part of Question 3 and consider the Plan to be uncompliant and/or unsound. Please make reference to the part of the document you have identified. Alternatively, please explain why you consider the Plan to be compliant and/or sound.**

|  |
| --- |
| **(Continue on separate sheet if necessary)** |

**5. Please set out what change(s) you consider necessary to make the Local Plan legally compliant or sound. Please provide any suggested wording or re-wording you consider necessary.**

|  |
| --- |
| **(Continue on separate sheet if necessary)**(Continue on separate sheet if necessary) |

**6. If you are seeking a change to the Plan, do you wish to express an interest to participate in the Examination?**

|  |  |
| --- | --- |
| **I wish to participate at the oral examination** | **YES / NO** (please delete) |

**7. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:**

|  |
| --- |
| **(Continue on separate sheet if 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.*

**PLEASE RETURN THIS FORM BY TUESDAY, 11.59PM ON 25 FEBRUARY 2025 BY EMAIL TO:**

PlanningPolicyConsultation@cherwell-dc.gov.uk

**ALTERNATIVELY PLEASE SEND BY POST TO:**

**Planning Policy Consultation**

**Planning Policy Team**

**Strategic Planning and the Economy**

**Cherwell District Council**

**Bodicote House**

**Bodicote**

**Banbury**

**OX15 4AA**