

This form has two parts:

Part A – contact details

Part B – your representation

Please fill in a separate sheet for each representation you wish to make.

Ref:

(for official use
only)

Part A

1. Personal Details*		2. Agent's Details (if applicable)
<i>* If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in column 2.</i>		
Title	MRS	
First name	DEIDRE	
Last name	DAISH	
Job title (where relevant)		
Organisation (where relevant)		
Address line 1		
Line 2		
Line 3		
City/Town	VILLAGE BRIXWORTH	
County	Northamptonshire	
Postcode		
Telephone number		
Email (if provided we will always contact you this way)		

Part B: Please use a separate sheet for each representation

Please note all comments will be made publically available. If you do not have sufficient space in the box please continue on a separate sheet or expand the box.

3. To which part of the Local Plan does this representation relate?	Paragraph number	Policy number	Policies Maps
SLA Bretworth			

4. Do you consider the Local Plan is: (please tick in the box below as appropriate and then provide details in the space below)				
4. (1) Legally compliant?	<input checked="" type="radio"/> Yes		<input type="radio"/> No	
4. (2) Compliant with the Duty to co-operate?	<input type="radio"/> Yes		<input checked="" type="radio"/> No	
4. (3) Sound?	<input type="radio"/> Yes		<input checked="" type="radio"/> No	

4 (1) Please give details of why you consider the Local Plan is not legally compliant, be as precise as possible.

Does not comply with the Neighbourhood Plan.
The Parish Council and 96% of villagers who voted, agreed with the Neighbourhood Plan.

4 (2) Please give details of why you consider the Local Plan does not comply with the duty to co-operate, be as precise as possible.

It does not comply with Bretworth's Neighbourhood Plan.

(continue on a separate sheet/expand box if necessary)

4 (3) Please give details of why you consider the Local Plan is not sound, referring to the tests of soundness as appropriate, be as precise as possible.

The Neighbourhood Plan was carefully devised to agree with DDG plans. Local people have voted for what they would like in this area. It is time that people are listened to. We care about our countryside, particularly around the Brampton Valley Way and the area from there up to the village is very special.

(continue on a separate sheet/expand box if necessary)

5. Please set out what modification(s) you consider necessary to make the Local Plan legally compliant or sound, having regard to the matter you have identified at part 4(1) or 4(3) above where this relates to soundness. (NB Please note that any non-compliance with the duty to cooperate 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.

Retain the SLA around Saxworth

(Continue on a separate sheet/expand box if necessary)

Please note your representation should cover succinctly 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 be only at the request of the Inspector, based on the matter and issues he/she identifies for examination.

6. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the examination? (please tick as appropriate)			
No, I do not wish to participate at the oral examination	X	Yes, I wish to participate at the oral examination	

7. 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.

8. Please tick the box if you wish to be notified of further progress of the Local Plan.	✓
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9. Signature		Date	3/8/18
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**Thank you for taking the time to complete the form.
Please return it to the Local Strategy Service at Daventry District Council
by 4.30pm on Friday 5th October 2018.
Responses received after this time will not be accepted.**

