

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	Mr.	
First name	Dennis	
Last name	Fielding	
Job title (where relevant)		
Organisation (where relevant)		
Address line 1		
Line 2		
Line 3		
City/Town	Brixworth	
County	Northants	
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

**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?	Yes		No	
4. (2) Compliant with the Duty to co-operate?	Yes		No	✓
4. (3) Sound?	Yes		No	✓

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

**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.**

*The exhibition at Brixworth Library was limited in content. 3 billboards on a table crammed into the library foyer hardly constitutes a proper effort to consult with the community and impart information in an open manner.*

(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 declassification of the area to the west of Brixworth as a Special Landscape Area has not been explained or justified. It is illogical to declassify this area of land and retain SLA status for land on the other side of Braampton Brook.

The Special Landscape Area should be retained for the land to the west of Brixworth.

(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.**

(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.**

<b>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)</b>			
No, I do not wish to participate at the oral examination	<input checked="" type="checkbox"/>	Yes, I wish to participate at the oral examination	<input type="checkbox"/>

<b>7. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary.</b>
Empty space for response

**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.**

<b>8. Please tick the box if you wish to be notified of further progress of the Local Plan.</b>	<input type="checkbox"/>
---	--------------------------

<b>9. Signature</b>	Empty space for signature	<b>Date</b>	30/09/18
---------------------	---------------------------	-------------	----------

**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 5<sup>th</sup> October 2018.  
 Responses received after this time will not be accepted.**