

#32

COMPLETE

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Q1 Personal Details*

Title	Mr
First Name	Tom
Last Name	Clarke MRTPI
Job Title (Where Relevant)	National Planning Adviser
Organisation (Where Relevant)	Theatres Trust
Address Line 1	22 Charing Cross Road
City/ Town	London

Q2 Personal Details Continued

Postcode	WC2H 0QL
Email (If provided we will always contact you this way)	planning@theatrestrust.org.uk

Q3 Agents Details (If Applicable)

Respondent skipped this question

Q4 Agents Details Continued

Respondent skipped this question

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Q5 To which part of the Local Plan does this representation relate? Please state paragraph Number/ Policy Number/ Policies Maps

Policy CW1.A.ii.b

Q6 Do you consider the Local Plan is:(Please tick in the box below as appropriate and then provide details in the space below)

- | | |
|---|------------|
| (1) Legally Compliant? | Yes |
| (2) Compliant with the Duty to co- operate? | Yes |
| (3) Sound? | Yes |

Q7 (1) Please give details of why you consider the Local Plan is not legally compliant, be as precise as possible.

N/A

Q8 (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.

N/A

Q9 (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.

N/A

Q10 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 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.

We do not propose a modification but would note we welcome the amendment of policy to reference arts and cultural facilities following our previous submission.

Q11 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**

Q12 If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary.

N/A

Q13 Do you wish to be notified of further progress of the Local Plan **Yes**