

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>		
<b>Title</b>	<b>Messrs</b>	<b>Mr</b>
<b>First name</b>		<b>Rhys</b>
<b>Last name</b>	<b>Dennet, Hodges, Wagstaffe, Clutton, Hillier</b>	<b>Bradshaw</b>
<b>Job title (where relevant)</b>		<b>Senor Planning Consultant</b>
<b>Organisation (where relevant)</b>		<b>Howkins &amp; Harrison LLP</b>
<b>Address line 1</b>		<b>7-11</b>
<b>Line 2</b>		<b>Albert Street</b>
<b>Line 3</b>		
<b>City/Town</b>		<b>Rugby</b>
<b>County</b>		
<b>Postcode</b>		<b>CV21 2RX</b>
<b>Telephone number</b>		<b>01788 564676</b>
<b>Email (if provided we will always contact you this way)</b>		<b>rhys.bradshaw@howkinsandharrison.co.uk</b>



**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.**

(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 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/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		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.	<input checked="" type="checkbox"/>
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9. Signature		Date	04/09/18
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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 5<sup>th</sup> October 2018.**  
**Responses received after this time will not be accepted.**