

Solihull MBC Local Plan

Publication Stage Representation Form

Ref:

(For official use only)

Name of the Local Plan to which this representation relates:

Regulation 19

Please return to psp@solihull.gov.uk or Policy and Engagement, Solihull MBC, Solihull, B91 3QB BY Monday 14th December 23:59

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This form has two parts -

Part A - Personal Details: need only be completed once.

Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make.

Part A

1. Personal Details* *If an agent is appointed, please continuous boxes below but complete the full of	omplete only the Title, Name and Organ contact details of the agent in 2.	applicable) isation (if applicable)
Title		Mrs
First Name		Emily
Last Name		Hill
Job Title (where relevant)		Associate
Organisation	Eastcote Land Ltd	Avison Young
(where relevant) Address Line 1		3 Brindleyplace
Line 2		Birmingham
Line 3		
Line 4		
Post Code		B1 2JB
Telephone Number		
E-mail Address (where relevant)		

Part B - Please use a separate sheet for each representation

-						
Name or Organisation:						
3. To which part of the Local Plan	does this re	presentatio	n relate	?		
Paragraph Policy	P4E	Policies	Мар			
4. Do you consider the Local Plan	is :					
4.(1) Legally compliant	Yes			No		
4.(2) Sound	Yes			No	V	
4 (3) Complies with the					Х	
Duty to co-operate	Yes			No		
Please tick as appropriate				•		
5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible. If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.						
The plan, as drafted, will not deliver extra care facilities in accordance with the Council's aspirations. It fails to comply with test c) (effectiveness) of para 45 of the NPPF. See accompanying letter.						
	(Continue	on a separate	sheet /exi	oand box it	f necessary)	
6. Please set out the modification Plan legally compliant and sound,	ı(s) you con	sider necess	sary to r	nake the	Local	

6. Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why each 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.

The plan should include proposed allocations for sites in C2, extra care use only, including Eastcote Park, Barston Lane.					
(Continue on a congrate sheet (expand box if necessary)					
(Continue on a separate sheet /expand box if necessary) Please note In your representation you should provide succinctly all the					
evidence and supporting information necessary to support your representation and your suggested modification(s). You should not assume that you will have a					
further opportunity to make submissions. After this stage, further submissions may only be made if invited by the					
Inspector, based on the matters and issues he or she identifies for examination.					
7. If your representation is seeking a modification to the plan, do you consider it					
necessary to participate in examination hearing session(s)?					
No, I do not wish to					
participate in x participate in hearing session(s) hearing session(s)					
Please note that while this will provide an initial indication of your wish to					
participate in hearing session(s), you may be asked at a later point to confirm your request to participate.					
8. If you wish to participate in the hearing session(s), please outline why you					
consider this to be necessary:					
The delivery of C2 accommodation is complex and the current version of the					
adopted Local Plan suggest the Council does not understand the market implications of its policies and the impact this will have on delivery.					
Implications of its policies and the impact this vin have on delivery.					

Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in hearing session(s). You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.

9. Signature: Date: 14/12/2020