

Solihull MBC Local Plan

Publication Stage Representation Form

Ref:

(For official use only)

Name of the Local Plan to which this representation relates:

Solihull MBC Draft Submission Plan

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 completoxes below but complete the full contains.		2. Agent's Details (if applicable) on (if applicable)
Title		Mr
First Name		Tom
Last Name		Armfield
Job Title		Director
(where relevant) Organisation (where relevant)	Taylor Wimpey UK Ltd	Turley
Address Line 1		
Line 2		
Line 3		
Line 4		
Post Code		
Telephone Number		
E-mail Address		

Part B – Please use a separate sheet for each representation

Name or Organisation:				
3. To which part of the I	Local Plan does this re	presentation	relate?	
Paragraph	Policy Vision and Spatial Strategy	Policies	Мар	
4. Do you consider the I	ocal Plan is :			
		✓		
4.(1) Legally compliant	Yes		No	
4.(2) Sound	Yes	√	No	
4 (3) Complies with the				
Duty to co-operate	Yes	√	No	
Please tick as appropriate				
5. Please give details of is unsound or fails to co possible.	mply with the duty to	co-operate.	Please be as p	recise as
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.				
Please see accompanying	g written representat	ions.		
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. Please see accompanying written representations.				
Planca note. In your re				

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		Yes, I wish to
participate in	\checkmark	participate in
hearing session(s)		hearing session(s)

8. If you wish to participate in the hearing session(s), please outline why you consider this to be necessary:

It is necessary given the need to fully respond to the Inspector's matters, issues and questions in in respect of Land south of Knowle (Policy KN2)

9. Signature:	Date:	14/12/2020

Part B - Please use a separate sheet for each representation

Name or Orga	nisation:				
3. To which pa	art of the Local Plan	does this repr	esentation r	elate?	
Paragraph	Policy	P4C	Policies M	ар	
4. Do you con	sider the Local Plan		/		
4.(1) Legally	compliant	Yes		No	
4.(2) Sound		Yes	/	No	
4 (3) Complie Duty to co-o		Yes	/	No	
Please tick as app	propriate				
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. Please see acc	companying written	representation	S.		
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	participate in exami			•	
р	lo , I do not wish to articipate in		✓	Yes , I wish to participate in hearing sees	1

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Name or Or	ganisation:						
3. To which	part of the L	ocal Plan	does this rep	resentatio	n relat	e?	
Paragraph		Policy	P4D	Policies	Мар		
4. Do you c	onsider the L	ocal Plan i	is :	- ✓			
4.(1) Legall	y compliant		Yes	V		No	
4.(2) Sound	i		Yes	✓		No	
4 (3) Comp Duty to co	lies with the -operate		Yes	√		No	
Please tick as	appropriate						
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4. Do you consider the Lo	cal Plan is :			
4.(1) Legally compliant	Yes		No	
4.(2) Sound	Yes	√	No	
4 (3) Complies with the Duty to co-operate	Yes	√	No	
Please tick as appropriate				
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No , I do not participate in		√	Yes, I wish	n

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Paragraph	Policy	KN2	Policies	Man		
Taragraph	1 Officy	INIV	Tollcles	Мар		
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ii bo you consider the L	ocai i iaii i	Γ	√			
4.(1) Legally compliant		Yes	·		No	İ
m(1) Logarry comprising					110	
4.(2) Sound		Yes			No	√
		L				
4 (3) Complies with the		Voc Г			No	
Duty to co-operate		Yes	✓		No	
		L				
Please tick as appropriate						
5. Please give details of						
is unsound or fails to con	mply with	the duty to c	o-operate.	Pleas	se be as pr	ecise as
possible. If you wish to support the	o logal co	malianco or (soundnoss	of the	l ocal Blac	n or ita
compliance with the duty						
comments.	,	J. 415, p. 5455			,	,
Please see accompanyin	g written r	representatio	ns.			
6 Please set out the mo	ndification	(s) vou consi	der necess	sarv to	make the	Local
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