

Solihull MBC Local Plan

Publication Stage Representation Form

Ref:

(For official use only)

Name of the Local Plan to which this representation relates:

Draft Submission Plan

2. Agent's Details (if

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

	se complete only the Title, Name and Organisation full contact details of the agent in 2.	applicable) (if applicable)
Title	Mr	Mr
First Name	Kieran	Paul
Last Name	Leahy	Harris
Job Title (where relevant)	Director	Associate
Organisation	Oakmoor (Sharman's Cross)	Cerda Planning
(where relevant) Address Line 1		5-7 Vesey House
Line 2		High Street
Line 3		Sutton Coldfield
Line 4		
Post Code		B72 1XH
Telephone Number		
E-mail Address		

Part B - Please use a separate sheet for each representation

•						
Name or Organisation:						
3. To which part of the Local Plan does this representation relate?						
See attached repres	entations	5				
Paragraph	Policy		Policies	Мар		
4. Do you consider the L	l.ocal Plan is	 s : 		L		
4.(1) Legally compliant		Yes			No	X
4.(2) Sound		Yes			No	Х
4 (3) Complies with the Duty to co-operate	,	Yes			No	X
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.						
Please see attached representations						
		(Continue on	a separate	sheet/e	xpand hox ii	f necessary)
6. Please set out the more Plan legally compliant armatters you have identified the duty to co-operate is to say why each modificat will be helpful if you a any policy or text. Please	nd sound, i fied at 5 ab s incapable ation will n re able to p	s) you conside n respect of a pove. (Please of modificat nake the Locaput forward y	der necess any legal (e note that ion at exa al Plan leg vour sugge	eary to compliant t non-comination ally con	make the ance or so compliance on). You mpliant o	e Local oundness e with will need r sound.

Please see attached representations					
10	Continue on a compute about (overall boy if possesse)				
	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 mecessary to participate in examination	nodification to the plan, do you consider it hearing session(s)?				
No , I do not wish to participate in hearing session(s)	Yes, I wish to participate in 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:					
Please see attached representations	 S				
Please note the Inspector will determ.	ine the most appropriate procedure to				

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.

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9. Signature:	Date:	14/12/20