Solihull MBC Local Plan Ref: Publication Stage Representation (For official use only) Form Name of the Local Plan to which this Solihull Local Plan Reg 19 representation relates: Please return to psp@solihull.gov.uk or Policy and Engagement, Solihull MBC, Solihull, B91 3QB BY Monday 14th December 23:59 Our Privacy Notice can be found at https://www.solihull.gov.uk/About-the-Council/Data-protection-FOI/Solihull-Council-Statement/Economy-and-In frastructure/Policy-Engagement 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 2. Agent's Details (if ap-1. Personal Details* plicable) *If an agent is appointed, please complete only the Title, Name and Organisation (if applicable) boxes below but complete the full contact details of the agent in 2. Title Ms First Name Donna Last Name Savage Job Title (where relevant) Organisation DSP The Dunleavy Family (where relevant) Address Line 1 Line 2 Line 3 Line 4 Code Telephone Number E-mail Address (where relevant)

Part B - Please sentation	use a	separa	ate she	eet for ea	ach repre-			
Name or Organisation: The Dunleavy Family								
3. To which part of the Local Plan does this representation relate?								
Paragraph		Policy	P4	Policies Map				
4. Do you consider the Lo	cal Plan is	:						
4.(1) Legally compliant	Yes	х		No				
4.(2) Sound	Yes			No	Х			
4 (3) Complies with the Duty to co-operate No X		Yes						
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 Reps attached on behalf of the Dunleavy Family								
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7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?						
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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:	Donna Savage		Date:	14/1 2/20 20		
Part B – Plea sentation	se use a separate	sheet	for each i	epre-		

Name or Organisation: Dunleavy Family

3. To which part of the Local Plan does this representation relate?

Paragraph		Policy	P5	Policies Map			
4. Do you consider the Lo	cal Plan is						
4.(1) Legally compliant	Yes	Х		No			
4.(2) Sound	Yes			No	X		
4 (3) Complies with the Duty to co-operate No X Yes							
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7. If your representation is seeking a modification to the plan, do you consider it

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Part B – Please use a separate sheet for each representation								
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7. If your representation is seeking a modification to the plan, do you consider it

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to say why each modification will make the Loca	l Plan legally compliant or sound.			
It will be helpful if you are able to put forward yo				
any policy or text. Please be as precise as possib	ole.			
(Continue on a	a separate sheet /expand box if necessary)			
Blaces note In your representation you should provid	a augainathy all the avidence and aug			
Please note In your representation you should provide porting information necessary to support your representation.				
tion(s). You should not assume that you will have a ful				
After this stage, further submissions may only be m				
based on the matters and issues he or she identified				
7. If your representation is seeking a modification				
necessary to participate in examination hearing session(s)?				
No, I do not wish to	Yes, I wish to partici-			
participate in	pate in			
hearing session(s)	hearing session(s)			
B				
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 re-				
	a later point to confirm your re-			
quest to participate.				

8. If you wish to pa consider this to be no		ssion(s), please outline why	you
Please note the Inspec	tor will determine the most an	propriate procedure to adopt to	hear
	ed that they wish to participate		icai
hearing session(s). Yo	u may be asked to confirm yo	our wish to participate when the I	nspector
has identified the matter	rs and issues for examination.		
9. Signature:		Date:	