	Solihull MBC Local Plan Publica- tion Stage Repre- senta- tion Form	Ref: (For official use only)		
Name of the Local Plan to which this represen- tation re- lates:	Solihull Lo- cal Plan Reg 19			
Please return to psp@soli- hull.gov.u k or Policy and En- gagement, Solihull MBC, Soli- hull, B91 3QB BY Monday 14 th De- cember 23:59 Our Privacy Notice can be found at https://ww w.soli- hull.gov.uk/ About-the- Coun- cil/Data- protection- FOI/Soli- hull-Coun- cil-State- ment/Econ- omy-and- Infrastruc- ture/Policy-				

Engage-				
ment				
This form has two parts - Part A - Personal Details: need only be com- pleted once. Part B - Your repre- senta- tion(s). Please fill in a separate sheet for each repre- sentation you wish to make.				
Part A				
1. Personal Details*				2. Agent's Details (if applicable)
*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	Rosconn Strategic Land	Donna Savage Planning Ltd		

(where rele- vant)		
Address Line 1	The Coach House	
Line 2	45b Rother	
Life 2	Street	
Line 3	Stratford upon Avon	
Line 4	Warks	
Post Code	CV37 6LT	
Telephone Number		
(where rele- vant)		

Part B - Please use a sepa- rate sheet for each repre- senta- tion			
Name or Organisa- tion: Ros- conn Stra- tegic Land			
3. To which part of the Local Plan does this representation relate?			

Paragraph		Policy	H4	Policies Map	
4. Do you consider the Local Plan is:					
4.(1) Le- gally com- pliant	Yes	Х		No	
-	Yes			No	Х
4.(2) Sound					
4 (3) Complies with the Duty to co-operate 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		
compliance with the duty to co-operate, please also use this box to set out your comments.		
Please see attached Reps submitted on behalf of Rosconn		

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Strategic Land		
(Continue on a separate sheet /expand box if necessary)		
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		
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you consider it	you consider it		

necessary to participate in examination hearing session(s)?			
	No, I do not wish to participate in hearing session(s)	х	Yes, I wish to participate in hearing session(s)
Please note that while this will provide an initial indica- tion of your wish to partic- ipate in hear- ing 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 Reps submitted on behalf of Rosconn Strategic Land			

Please note		
the Inspector		
will determine		
the most ap-		
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identified the		
matters and		
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			14/1
9. Signature:	Donna Savage	Date:	2/20
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Part B - Please use a sepa- rate sheet for each repre- senta- tion			
Name or			

Organisa-						
tion: Ros-						
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tegic Land						
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3. To which						
part of the						
Local Plan						
does this						
representa-						
tion relate?						
Paragraph			Policy	H5	Policies	
					Мар	
4. Do you						
consider						
the Local						
Plan is :						
4.(1) Le-		Х				
gally com-		^				
pliant	Yes				No	
pliant						
4 (2)	Yes				No	Χ
4.(2) Sound						
4 (3) Com-						
plies with						
the						
Duty to						
co-operate						
Yes						
No X						
Please tick as						
appropriate						
5. Please give	e					
details of wh	y					
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is not legally						
compliant or	is					
unsound or						
fails to comp	lv					
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to co-operate	5·					
Please be as						
precise as						
possible.						
If you wish to						
support the I						
gal complian						
or soundness	s					
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 Reps submitted on behalf of Rosconn Strategic Land		
(Continue on a separate sheet /expand box if necessary)		
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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)?			
	No, I do not wish to participate in hearing session(s)	Х	Yes, I wish to participate in hearing session(s)
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9. Signature:	Donna Sav	/age	Date:	14/1 2/20 20
Part B - Please use a sepa- rate				

sheet for each repre- senta- tion					
Name or Organisa- tion: Ros- conn Stra- tegic Land					
3. To which part of the Local Plan does this representation relate?					
Paragraph		Policy	BC6	Policies Map	X
4. Do you consider the Local Plan is :				Пар	
4.(1) Legally compliant 4.(2) Sound	Yes Yes	X		No No	X
4 (3) Complies with the Duty to co-operate Yes					
Please tick as appropriate					
5. Please give details of whe you consider the Local Plate is not legally compliant or unsound or fails to compliant the duty	y n is				

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9. Signature: Donna Savage	Date:	14/1 2/20 20
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Part B - Please use a sepa- rate sheet for each repre- senta- tion					
Name or Organisa- tion: Ros- conn Stra- tegic Land					
3. To which part of the Local Plan does this representation relate?					
Paragraph		Policy	BL1	Policies Map	X
4. Do you consider the Local Plan is:					
4.(1) Le- gally com- pliant	Yes	X		No	
4.(2) Sound	Yes			No	Х
4 (3) Complies with the Duty to co-operate Yes X					

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Strategic Land		
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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)?			
	No, I do not wish to participate in hearing session(s)	Х	Yes, I wish to participate in hearing session(s)
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9. Signature:	Donna Savage	Date:	14/1 2/20
			20

Part B - Please use a sepa- rate sheet for each repre- senta- tion					
Name or Organisa- tion: Ros- conn Stra- tegic Land					
3. To which part of the Local Plan does this representation relate?					
Paragraph		Policy	BL2	Policies Map	X
4. Do you consider the Local Plan is:					
4.(1) Le- gally com- pliant	Yes	X		No	
4.(2) Sound	Yes			No	Х

4 (3) Complies with the Duty to co-operate Yes X No			
appropriate			
5. Please give details of whe you consider the Local Plate is not legally compliant or unsound or fails to compliant to co-operate Please be as precise as possible. If you wish the support the I gal compliant or soundness of the Local Plan or its compliance with the duty to co-operate please also use this box set out your comments.	y n is ly 'e. ce s		
Please see at tached Reps submitted on behalf of Rosconn Strategic Lan	n a eet		
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6. Please se	et		

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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 ses-	wish to	X	Yes, I wish to participate in hearing session(s)
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9. Signature:	Donna Savage	Date:	14/1 2/20	
			20	

Part B - Please use a sepa- rate sheet for each repre- senta- tion			
Name or Organisa- tion:Ros- conn Stra- tegic Land			
3. To which part of the Local Plan does this representation relate?			

Paragraph		Policy	S02	Policies Map	Х
4. Do you consider the Local Plan is :					
4.(1) Le- gally com-	Yes	Х		No	
pliant					
4.(2) Sound	Yes			No	X
4 (3) Complies with the Duty to co-operate Yes 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 le-		
gal 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 at-		
tached Reps		
submitted on		
behalf		

of Rosconn Strategic Land	
Strategic Land	
(Continue on a	
separate sheet /expand box if	
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6. Please set	
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cal Plan legally	
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spect of any	
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(Please note	
that non-com-	
pliance with	
the duty to	
co-operate is	
incapable of	
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examination).	
You will need	
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necessary to participate in examination hearing session(s)?			
	No, I do not wish to participate in hearing ses- sion(s)	X	Yes, I wish to participate in hearing session(s)
Please note that while this will provide an initial indica- tion of your wish to partic- ipate in hear- ing 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 Reps submitted on behalf of Rosconn Strategic Land			

Please note		
the Inspector		
will determine		
the most ap-		
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that they wish		
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issues for ex-		
amination.		

			14/1
9. Signature:	Donna Savage	Date:	2/20
			20

Part B - Please use a sepa- rate sheet for each repre- senta- tion			
Name or			

Organisa- tion: Ros- conn Stra- tegic Land					
3. To which part of the Local Plan does this representation relate?					
Paragraph		Policy	Site 19	Policies Map	Х
4. Do you consider the Local Plan is :				1.00	
4.(1) Le- gally com- pliant	Yes	X		No	
4.(2) Sound	Yes			No	Х
4 (3) Complies with the Duty to co-operate Yes X					
Please tick as appropriate					
5. Please give details of why you consider the Local Platis not legally compliant or unsound or fails to comp with the duty to co-operate Please be as precise as possible. If you wish to support the legal compliant or soundness of the Local	y in is ly ce.				

Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.		
Please see attached Reps submitted on behalf of Rosconn Strategic Land		
separate sheet /expand box if necessary)		
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 help- ful if you are able to put forward your suggested re- vised wording of any policy or text. Please be as precise		
as possible. Please see attached Reps submitted on behalf of Rosconn Strategic Land		
(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 submis-		
sions 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 hearing session(s)	Х	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.			
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9. Signature:	Donna Savage	Date: 14/1 2/20 20
Part B - Please		

use a sepa-rate sheet for each representation				
Name or Organisa- tion:				
3. To which part of the Local Plan does this representation relate?				
Paragraph		Policy	Policies Map	
4. Do you consider the Local Plan is :				
4.(1) Le- gally com- pliant	Yes		No	
4.(2) Sound	Yes		No	
4 (3) Complies with the Duty to co-operate Yes				
Please tick as appropriate				
5. Please give details of why you consider the Local Plat is not legally compliant or	y n			

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.		
(Continue on a separate sheet /expand box if necessary)		
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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)?		
	No, I do not wish to participate in hearing ses- sion(s)	Yes, I wish to participate in hearing session(s)
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9. Signature:			Date:	
Part B - Please use a sepa- rate sheet for				

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repre-				
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Name or Organisa-				
tion:				
3. To which				
part of the Local Plan				
does this				
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Paragraph		Policy	Policies Map	
4. Do you			ιπαρ	
consider				
the Local				
Plan is :				
4.(1) Le- gally com-				
pliant	Yes		No	
	Yes		No	
4.(2)	163		140	
Sound 4 (3) Com-				
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the				
Duty to				
co-operate				
Yes				
No				
Please tick as				
appropriate				
5. Please giv				
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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.		
(Continue on a separate sheet /expand box if necessary)		
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able to put forward your		
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(Continue on a		
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Please note		
In your repre-		
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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)?		
	No I do t	
	No, I do not wish to participate in hearing ses- sion(s)	Yes, I wish to participate in hearing session(s)
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9. Signature:			Date:	