



## Solihull MBC Local Plan Publication Stage Representation Form

Ref:

(For  
official use  
only)

Name of the Local Plan to which this representation relates:

Please return to [psp@solihull.gov.uk](mailto:psp@solihull.gov.uk) or Policy and Engagement, Solihull MBC, Solihull, B91 3QB BY Monday 14<sup>th</sup> 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 complete only the Title, Name and Organisation (if applicable) boxes below but complete the full contact details of the agent in 2.*

#### 2. Agent's Details (if applicable)

Title	<input type="text" value="Mr"/>	<input type="text" value="Mr"/>
First Name	<input type="text" value="Alan"/>	<input type="text" value="Richard"/>
Last Name	<input type="text" value="Maynard"/>	<input type="text" value="Cowell"/>
Job Title (where relevant)	<input type="text" value="Chief Development Officer"/>	<input type="text" value="Managing Director"/>
Organisation (where relevant)	<input type="text" value="The National Exhibition Centre Ltd"/>	<input type="text" value="NCL Development"/>
Address Line 1	<input type="text" value="Bickenhill Lane"/>	<input type="text" value="Mount Pleasant"/>
Line 2	<input type="text" value="Birmingham"/>	<input type="text" value="Rugby Road"/>
Line 3	<input type="text"/>	<input type="text" value="Church Lawford"/>
Line 4	<input type="text"/>	<input type="text"/>
Post Code	<input type="text" value="B40 1NT"/>	<input type="text" value="CV23 9EJ"/>
Telephone Number	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text" value="[REDACTED]"/>	<input type="text" value="[REDACTED]"/>

(where relevant)

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## Part B – Please use a separate sheet for each representation

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Name or Organisation:

3. To which part of the Local Plan does this representation relate? Please see attached letter

Paragraph  Policy  Policies Map

4. Do you consider the Local Plan is :

4.(1) Legally compliant	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
4.(2) Sound	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
4 (3) Complies with the Duty to co-operate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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 letter.

(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 suggested revised wording of any policy or text. Please be as precise as possible.

Please see attached letter.

(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 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 letter.

**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:

09/12/20