

Solihull MBC Local Plan

Publication Stage Representation Form (For official use only)

Name of the Local Plan to which this representation relates:

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

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		Mr
First Name		Samuel
Last Name		Lake
Job Title (where relevant)		Associate Director
Organisation	Arden Cross Limited	Turley
(where relevant) Address Line 1		9 Colmore Row
Line 2		Birmingham
Line 3		
Line 4		
Post Code		B3 2BJ
Telephone Number		
E-mail Address (where relevant)		

Ref:

Name or Organisation: Arden Cross Limited

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

Paragraph 39-54	Policy	Policies Map		
4. Do you consider the Loca	I Plan is :			
4.(1) Legally compliant	Yes	\checkmark	No	
4.(2) Sound	Yes	\checkmark	No	
4 (3) Complies with the Duty to co-operate	Yes	\checkmark	No	

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 accompanying written representations.

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.

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)

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 relation to Arden Cross.

9. Signature:

Date: 14/12/2020

Name or Organisation: Arden Cross Limited

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

Paragraph 55-70	Policy	Policies	Мар	
4. Do you consider the Loca	al Plan is :			
4.(1) Legally compliant	Yes	\checkmark	No	
4.(2) Sound	Yes	\checkmark	No	
4 (3) Complies with the Duty to co-operate	Yes	\checkmark	No	

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Date: 14/12	/2020
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Name or Organisation: Arden Cross Limited

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

Paragraph	Policy P1	Policies Ma	D	
4. Do you consider the Loca	al Plan is :			
4.(1) Legally compliant	Yes	\checkmark	No	
4.(2) Sound	Yes	\checkmark	No	
4 (3) Complies with the Duty to co-operate	Yes	\checkmark	No	

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9. Signature:

Date: 14/12/2020

Name or Organisation: Arden Cross Limited

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

Paragraph	Policy P3	Policies	Мар	
4. Do you consider the Loca	al Plan is :			
4.(1) Legally compliant	Yes	\checkmark	No	
4.(2) Sound	Yes	\checkmark	No	
4 (3) Complies with the Duty to co-operate	Yes	\checkmark	No	

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14/12/2020

Name or Organisation: Arden Cross Limited

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

Paragraph	Policy P5	Policies	Мар	
4. Do you consider the Loca	al Plan is :			
4.(1) Legally compliant	Yes	\checkmark	No	
4.(2) Sound	Yes	\checkmark	No	
4 (3) Complies with the Duty to co-operate	Yes	\checkmark	No	

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Date:

14/12/2020

Name or Organisation: Arden Cross Limited

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

Paragraph	Policy P17A	Policies M	lap		
4. Do you consider the Local Plan is :					
4.(1) Legally compliant	Yes	\checkmark	No		
4.(2) Sound	Yes	\checkmark	No		
4 (3) Complies with the Duty to co-operate	Yes	\checkmark	No		

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14/12/2020

Name or Organisation: Arden Cross Limited

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Paragraph	Policy P21	Policies Ma	р		
4. Do you consider the Local Plan is :					
4.(1) Legally compliant	Yes	\checkmark	No		
4.(2) Sound	Yes	\checkmark	No		
4 (3) Complies with the Duty to co-operate	Yes	\checkmark	No		

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Paragraph	Policy UK1	Policies Ma	p		
4. Do you consider the Local Plan is :					
4.(1) Legally compliant	Yes	\checkmark	No		
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