

Updated Proposed Submission Version Local Plan

Our draft Local Plan, otherwise known as our Updated Proposed Submission Version Local Plan, will be our guiding framework for future development and infrastructure provision in Warrington.

Our previous draft Local Plan, published in March 2019, received around 3,200 responses to the consultation. We have taken on board many of the views of local people - much of which focused on how brownfield sites should continue to be prioritised ahead of Green Belt. This, along with the profound impact of the COVID-19 pandemic and changing Government housing methodology, has meant that, in preparing our updated draft Local Plan, we are proposing some big changes.

Useful documents

You can read about these changes in more detail on our website, warrington.gov.uk where you can also read guidance to help you make your representation. You can also request a paper copy by emailing localplan@warrington.gov.uk.

Data Protection and Confidentiality

We comply with all legislation governing the protection of personal information, including the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). The information you provide through this survey will be kept secure and analysed by Warrington Borough Council.

To find out more please see [Data protection policy | warrington.gov.uk](#)
[Privacy policy | warrington.gov.uk](#)

Other formats

If you have any concerns or questions about the survey, require the questionnaire in another language or format including large print, Braille, audio or British Sign Language or simply require assistance in completing the form please email equalities@warrington.gov.uk

Proposed Submission Version Local Plan Form PART A - About You

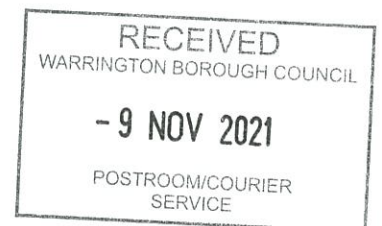
1. Please complete the following:

Name of person completing the form:	Kenneth J.F. Phillips
Email address:	[REDACTED]

2. What type of respondent are you? Please select one option only.

If you are an agent please select the type of client you are representing.

- A local resident who lives in Warrington
- A person who works in Warrington
- Local Borough, Town or Parish Councillor
- Local Business owner/Manager
- A group or organisation



WARRINGTON
Borough Council

- Visitor to Warrington
- A Developer / Landowner
- Other (please specify):

3. Please provide your contact details:

Organisation name (if applicable)	
Agent name (if applicable)	
Address 1	[REDACTED]
Address 2	[REDACTED]
Postal Town	[REDACTED]
Postcode	[REDACTED]
Telephone number	[REDACTED]

Proposed Submission Version Local Plan Form PART B Representation Form

1. To which part of the Local Plan does this representation relate? Please write in the space below.

Q23 How ARE YOU ENSURING WARRINGTON HAS ROADS etc

2. Does your comment relate to a specific paragraph (s) or policy sub-number (s)? Please select one option.

- A paragraph number (s)
- A policy sub-number (s)
- Both of the above
- None of the above

If a paragraph or policy sub-number then please use the box below to list. (For example - Policy MD2.1 part 3 or paragraph 10.2.13 etc as applicable).

LTP 4

3. Do you consider the Draft Local Plan is: Please select one option in each row.

	Yes	No
Legally Compliant	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Compliant with the Duty to Co-operate	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. If you have answered 'No' to any of the options in the above question then please give details in the box on the next page of why you consider the Draft 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.

KTP4 DISCUSSES ROADS & INFRASTRUCTURE FOR NEW DEVELOPMENTS
THERE IS NO CONSIDERATION FOR EXISTING ISSUES NEED TO
REPLACE, UPGRADE EXISTING ROADS & INFRASTRUCTURE SUCH AS
DRAINAGE TO COPE WITH ANY NEW DEVELOPMENTS

5. If you answered 'Yes' to any of the options in question 3 then please give details in the box below the reasons why you support the legal compliance or soundness of the Draft Local Plan or its compliance with the duty to co-operate.

Please be as precise as possible.

6. Please set out what modification(s) you consider necessary to make the Draft Local Plan legally compliant or sound, having regard to the test you have identified above where this relates to soundness. (NB please note that any non-compliance with the duty to co-operate is incapable of modification at examination).

You will need to say why this modification will make the Local Plan legally compliant or sound. It would be helpful if you are able to put forward your suggested revised wording of any policy or text.

Please be as precise as possible.

THE LTP SHOULD INCLUDE PLANS FOR REMEDIATION & UPGRADES
TO EXISTING ROADS & INFRASTRUCTURE TO ENABLE EXISTING
FACILITIES SUCH AS DRAINAGE TO COPE, PREVENTING FLOODING
FROM OVERSTRETCHED & SILTED INFRASTRUCTURE

Please note: your representation should succinctly cover all the information, evidence and supporting information necessary to support / justify the representation and the suggested modification, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage.

After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues he / she identifies for examination.

7. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the examination? Please select one option.

- No, I do not wish to participate at the oral examination
 Yes, I wish to participate at the oral examination

(If yes, I understand details from Part A will be used for contact purposes)



If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:

8. If you wish to include documents to support your representation form then please attach to your submission and use the space below to provide a brief description.

Proposed Submission Version Local Plan Form PART C - About You

We are committed to ensuring our services are provided fairly and are accessible to those who need them. To help us meet this commitment, we ask all customers to complete an equality and diversity monitoring form.

The reason why we ask you these questions is so we can:

- Make our council services open to everyone in Warrington
- Treat everyone fairly and appropriately when they use our services
- In consultations, make sure that we have views from all across Warrington
- The Equality Act 2010 makes these aims part of our legal duties. Your answers help us check that we have met the law and help improve our services.

Data Protection and Confidentiality

We comply with all legislation governing the protection of personal information, including the Data Protection Act 2018 and the General Data Protection Regulation (GDPR)

These monitoring questions are optional. You do not need to answer any of the following questions if you do not wish to, and you will not be affected in any way if you choose not to answer any, or some, of the questions. Questions have 'prefer not to say' as a response option.

Please only complete this section if you are responding as an individual.

1. Age

- | | |
|--|--|
| <input type="checkbox"/> Below 16 If below 16, please state age in the box below | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 16-24 | <input checked="" type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 85 or over |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

Age, if under 16



WARRINGTON
Borough Council

2. Gender

- Male Non-Binary
 Female Prefer not to say

You prefer to use your own term, please specify here

3. Is your gender identity the same as your sex registered at birth? Please select one option.

- Yes No Prefer not to say

4. What is your relationship status? Please select one option.

- Single Widowed
 Married In a same sex marriage
 Co-habiting In a same sex civil partnership
 Separated Prefer not to say
 Divorced
 Other (please specify):

5. How would you describe your ethnic group? Please select one option and then one option from A-E

- White (go to A)
 Asian or Asian British (go to B)
 Mixed or multiple ethnic groups (go to C)
 Black, Black British, Caribbean or African (go to D)
 Other ethnic group (go to E)
 Prefer not to say (go to Q6)

A. White

- English, Welsh, Scottish, Northern Irish or British
 Irish
 Gypsy or Irish Traveller
 Roma
 Any other white background (please state)

B. Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background (please state)



C. Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (please state)

D. Black, Black British, Caribbean or African

- Caribbean
- African
- Any other Black, Black British or Caribbean background (please state)

E. Other ethnic group

- Arab
- Any other ethnic group (please state)

6. How would you describe yourself? Please select one option.

- Straight/Heterosexual
- Lesbian/Gay woman
- Gay man
- Bisexual
- Other sexual orientation
- Prefer not to say

7. Your religion or belief. Which group below do you most identify with? Please select one option.

- No religion or belief
- Christian *(including Church of England, Catholic, Protestant and all other Christian denominations)*
- Buddhist
- Hindu
- Any other religion.(please specify):
- Jewish
- Muslim
- Sikh
- Prefer not to say

8. Are you currently pregnant or have you been pregnant in the last year? Please select one option.

- Yes
- No
- Prefer not to say



9. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Please select one option.

- Yes a little
- Yes a lot
- No (do not answer the next question)
- Prefer not to say (do not answer the next question)

10. If you answered 'yes' to the previous question, please state the type of impairment.

If you have more than one please tick all that apply.

- Physical Impairment
- Sensory Impairment
- Learning Disability/Difficulty
- Long-standing illness
- Other (please state):
- Mental Health condition
- Autistic Spectrum
- Other Developmental Condition

Please return to:

**Local Plan,
Planning Policy and Programmes,
Warrington Borough Council,
East annexe Town Hall,
Sankey Street,
Warrington,
WA1 1UH**



WARRINGTON
Borough Council

