

- 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	
Postal Town	
Postcode	
Telephone number	

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.

VARIOUS

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).

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

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