

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 our [data protection policy](#) and [privacy policy](#).

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.



Part A - About You

1. Please complete the following:

Name of person completing the form

Email address

2. What type of a respondent are you?

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

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

Address 2

Postal Town

Postcode

Telephone number



Part B Representation Form

1. To which part of the local plan does this representation relate?

2. Does your comment relate to a specific paragraph(s) or policy sub-numbers

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).



WARRINGTON
Borough Council

3. Do you consider the Draft Local Plan is:

Yes No

Legally Compliant

Sound

Compliant with the Duty to Co-operate

4. If you have answered 'No' to any of the options in question 3 then please give details 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.

5. If you answered 'Yes' to any of the options in question 3 then please give details of 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.



WARRINGTON
Borough Council

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.

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 identified for examination.

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

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.

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

| | |
|---------------------------------|-------------------|
| Below 16, please state your age | 55-64 |
| 16-24 | 65-74 |
| 25-34 | 75-84 |
| 35-44 | 85 or over |
| 45-54 | Prefer not to say |



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?

Yes

No

Prefer not to say

4. What is your relationship status?

Single

Widowed

Married

In a same sex marriage

Co-habiting

In a same sex civil partnership

Separated

Prefer not to say

Divorced

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?

Straight/Heterosexual

Bisexual

Lesbian/Gay woman

Other sexual orientation

Gay man

Prefer not to say

7. Your religion or belief. Which group below do you most identify with?

No religion or belief

Jewish

Christian (including Church of England,
Catholic, Protestant and all other Christian
denominations)

Muslim

Buddhist

Sikh

Hindu

Prefer not to say

8. Are you currently pregnant or have you been pregnant in the last year?

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?

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

Mental Health condition

Sensory Impairment

Autistic Spectrum

Learning Disability/Difficulty

Other Developmental Condition

Long-standing illness

Other (please state):

Save this form and email it along with your supporting documents to: localplan@warrington.gov.uk.



WARRINGTON
Borough Council