

Proposed Submission Version Local Plan

PART A - About You

1. Please complete the following:

Please note the email address (if provided below) will be sent a full copy of the submitted response and a unique reference number.

Name of person completing the form: Clarissa Kirk

Email address: -

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

PART B - Representation Form 1

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

From the drop down list please select one option.

MD3 Fiddlers Ferry

2. What does your comment relate to? Please select one option.

Both of the above

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

	Yes	No
Legally Compliant	X	
Sound		X
Compliant with the Duty to Co-operate	X	

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.

I would like to see access to the plans for equine use, horse gates, bridlepaths, horse box parking to ensure the space allows all to use it and does not exclude the equestrian community of which Warrington and Cheshire has a large population of. It is becoming extremely difficult find safe off road spaces to exercise the animals so this would be a fantastic opportunity for inclusion as many walking and public right of way routes directly exclude horses not being bridlepaths.

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

You have just completed a Representation Form for MD3 Fiddlers Ferry.

Please select what you would you like to do now?

Complete the final part of the form, Customer 'About You' questions and submit response **(Part C)**