

# 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:** Leslie Ernest Jordan

**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

3. Please provide your contact details:

	Contact details
<b>Organisation name (if applicable)</b>	[REDACTED]
<b>Agent name (if applicable)</b>	-
<b>Address 1</b>	-
<b>Address 2</b>	[REDACTED]
<b>Postal Town</b>	[REDACTED]
<b>Postcode</b>	[REDACTED]
<b>Telephone number</b>	[REDACTED]

## 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.

GB1 Warrington's Green Belt

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

None of the above

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

	Yes	No
<b>Legally Compliant</b>	X	
<b>Sound</b>		X
<b>Compliant with the Duty to Co-operate</b>	X	

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.

Public consultation available

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 GB1 Warrington's Green Belt.

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)**