

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: Bryan Porter

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

Plan as a whole

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
Legally Compliant	<input type="checkbox"/>	<input type="checkbox"/>
Sound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Compliant with the Duty to Co-operate	<input type="checkbox"/>	<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 below 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.

it is essential that a guarantee be given that the building of more schools is given top priority ahead of building more roads and housing. It cannot be considered a sound plan if the building of a considerable number of homes with the inevitable increase in the number of children is not matched by the guaranteed number of school places being 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 Plan as a whole.

Please select what you would like to do now?

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