

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: Claire McCraith

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)	-
Address 1	[REDACTED]
Address 2	[REDACTED]
Postal Town	[REDACTED]
Postcode	[REDACTED]
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

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

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

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.

I don't think that the plan is justified, deliverable or in line with locally assessed needs. It doesn't meet the area's needs. What about the areas agricultural needs? How is the area going to cope with all the extra traffic? The traffic congestion now is bad. Are the roads going to be improved? There is inadequate parking now in Stockton Heath. Are there going to be guarantees that new schools, medical centres and transport are going to be provided. Why is green belt land being developed before brown-field sites are fully developed? what about the air pollution that this will cause in the area from all the extra traffic? I strongly object to this development.

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 you like to do now?

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