Wyre Forest District Local Development Framework – Site Allocations and Policies and Kidderminster Central Area Action Plan Development Plan Documents (DPDs) Publication Stage Representation Form

Please return to: Planning Policy Manager, Economic Prosperity and Place Directorate, Duke House, Clensmore Street, Kidderminster, Worcestershire, DY10 2JX; or by e-mailing this form to Planning.Policy@wyreforestdc.gov.uk

BY 5.30pm on Friday 14th September 2012

This form has two parts –
Part A – Personal Details
Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make and remember to specify which document it relates to. Please specify which DPD you are commenting on.

Part A

<table>
<thead>
<tr>
<th>1. Personal Details*</th>
<th>2. Agent’s Details (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in 2.</td>
<td></td>
</tr>
</tbody>
</table>

Title

First Name

Last Name

Job Title
(where relevant)

Organisation
(where relevant)

Address Line 1

Line 2

Line 3

Post Code

Telephone Number

E-mail Address
(where relevant)
### Part B – Please use a separate sheet for each representation

Your representation should cover all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity to make further representations following this publication stage.

After this stage, further submission will only be at the request of the Inspector, based on the matters and issues he/she identifies for examination.

**Name or Organisation:**

3. To which DPD does this representation relate? Site Allocations and Policies / Kidderminster Central Area Action Plan (*delete as necessary*)

To which part of the DPD does this representation relate?

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Policy</th>
<th>Other e.g. Map, table, figure, key diagram</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

4. Do you consider the DPD is:

<table>
<thead>
<tr>
<th></th>
<th>Compliant with the Duty to Cooperate</th>
<th>Legally compliant</th>
<th>Sound</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.(1)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4.(2)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4.(3)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Please refer to guidance notes for explanation of terms

*If you have entered No to 4(3), please continue to Q5. In all other circumstances, please go to Q6.*

5. Do you consider the DPD is **unsound** because it is not:

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Positively prepared</td>
</tr>
<tr>
<td>(2)</td>
<td>Justified</td>
</tr>
<tr>
<td>(3)</td>
<td>Effective</td>
</tr>
<tr>
<td>(4)</td>
<td>Consistent with national policy</td>
</tr>
</tbody>
</table>

6. Please give details of why you consider the DPD is not legally compliant or is unsound. Please be as precise as possible. If you wish to support the legal compliance or soundness of the DPD, please also use this box to set out your comments.

(Continue on a separate sheet /expand box if necessary)
7. Please set out what change(s) you consider necessary to make the DPD legally compliant or sound, having regard to the test you have identified at 5 above where this relates to soundness. You will need to say why this change will make the DPD legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

(Continue on a separate sheet /expand box if necessary)

8. If your representation is seeking a change, 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

9. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:

Please note: The Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the examination.

Signature: ___________________________ Date: ___________________________