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(for official use only)

Local Plan ublication Stage	Haringey
lesponse Form	LONDON

Name of the DPD to which	
this representation relates:	Site Allocations

Please return to London Borough of Haringey by 5pm on Friday 4th March 2016

This form has two parts:

Part A - Personal Details

Part B - Your representation(s). Please fill in a separate Part B for each representation you

Part A

1. Personal De	etails ¹	2. Agent's Details
Title [Mr	Mr
First Name [Adam	Andrew
Last Name [Cundale	Pepler
Job Title (where relevant)		Director
Organisation (where relevant)	Sainsbury's Supermarkets Ltd	Indigo Planning Ltd
Address Line 1	C/O Agent	Swan Court
Address Line 2		Worple Road
Address Line 3		London
Post Code [SW19 4JS
Telephone Number		02086059400
Email address		Andrew.pepler@indigoplanning.com

¹ If an agent is appointed, please complete only the Personal Details Title, Name and Organisation boxes, but complete the full contact details for the Agent.



Part B – Please use a separate sheet for each response

Name or Organisation:

	Policies Map	
4. Do you consider the Local Plan is (tick):	in the sale	geras Paris.
4.(1) Legally compliant Yes	No	
4.(2) Sound Yes	No	X
4.(3) Complies with the Duty Yes to co-operate	No	
Please tick as appropriate		
 Please give details of why you consider the Local Plan is not I unsound or fails to comply with the duty-to-cooperate. Please If you wish to support the legal compliance or soundness of th compliance with the duty to co-operate, please also use this b comments. 	be as detailed ne Local Plan	d as possible. or its
6. Please set out what modification(s) you consider necessary to legally compliant or sound, having regard to the test you have above where this relates to soundness. (NB please note that duty to co-operate is incapable of modification at examination this modification will make the Local Plan legally compliant or you are able to put forward your suggested revised wording of be as detailed as possible.	rate sheet/ expando make the Loe identified at any non-compan). You will new resound. It will of any policy o	ocal Plan question 5 pliance with the ed to say why be helpful if



(Co	ntinue on a separate sheet/ expand box if necessary)
Please note your representation should cover conclupporting information necessary to support/justify modification, as there will not normally be a subsequences entations based on the original representation after this stage, further submissions will be only in the matters and issues he/she identifies for e	the representation and the suggested uent opportunity to make further at publication stage. • at the request of the Inspector, based
If your representation is seeking a modification, participate at the oral part of the examination?	, do you consider it necessary to
	V V Luish to posticionto et
No, I do not wish to participate at the oral examination	X Yes, I wish to participate at the oral examination
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If you wish to participate at the oral part of the	examination, please outline why you
consider this to be necessary	Anna promise se su la come de al la sul
	Please see accompanying letter
Please note the Inspector will determine the most a hose who have indicated that they wish to participa	
. Signature	Date: 4/3/2016
	-112/2016



Part B – Please use a separate sheet for each response

Name or Organisation:

10. To which part of the Local Pl	lan does this repre	esentation rela	ate?	
Paragraph	Policy	SA29	Policies Map	
11. Do you consider the Local P	lan is (tick):			
4.(1) Legally compliant	Yes		No	
4.(2) Sound	Yes		No	X
4.(3) Complies with the Duty to co-operate	Yes		No	
Please tick as appropriate				
 Please give details of why younsound or fails to comply with the support the leg compliance with the duty to comments. 	vith the duty-to-co gal compliance or	operate. Pleas soundness of	se be as detailed the Local Plan	d as possible. or its
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Part B – Please use a separate sheet for each response

Name or Organisation:

17. To which part of the Local Pl	an does this repr	esentation rela	te?	
Paragraph	Policy	SA3	Policies Map	
18. Do you consider the Local P	lan is (tick):			
4.(1) Legally compliant	Yes		No	
4.(2) Sound	Yes		No	X
4.(3) Complies with the Duty to co-operate	Yes	And the state of t	No	
Please tick as appropriate				
19. Please give details of why you unsound or fails to comply with the leg compliance with the duty to comments.	vith the duty-to-co gal compliance or	operate. Pleas soundness of	e be as detailed the Local Plan	d as possible. or its
				panying letter
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 If your representation is seeking a modification, do participate at the oral part of the examination? 	o you consider it necessary to
No, I do not wish to participate at the oral examination	X Yes, I wish to participate at the oral examination
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consider this to be necessary	
	Please see accompanying lette
Please note the Inspector will determine the most appl hose who have indicated that they wish to participate	propriate procedure to adopt to hear in the oral examination.
23. Signature	Date:
	4/3/2016

