


Ref: (for official use only)	Local Plan Publication Stage Response Form	
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Name of the DPD to which this representation relates:

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 wish to make.

Part A

1. Personal Details ¹	2. Agent's Details	
Title	<input style="width: 90%;" type="text" value="MR"/>	<input style="width: 90%;" type="text"/>
First Name	<input style="width: 90%;" type="text" value="Habibzium"/>	<input style="width: 90%;" type="text"/>
Last Name	<input style="width: 90%;" type="text" value="Magos"/>	<input style="width: 90%;" type="text"/>
Job Title (where relevant)	<input style="width: 90%;" type="text" value="—"/>	<input style="width: 90%;" type="text"/>
Organisation (where relevant)	<input style="width: 90%;" type="text" value="—"/>	<input style="width: 90%;" type="text"/>
Address Line 1	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Address Line 2	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Address Line 3	<input style="width: 90%;" type="text" value="—"/>	<input style="width: 90%;" type="text"/>
Post Code	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Telephone Number	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Email address	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

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.
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Part B – Please use a separate sheet for each response

Name or Organisation:

3. To which part of the Local Plan does this representation relate?

Paragraph	?	Policy	?	Policies Map	?
	-		-		-


4. Do you consider the Local Plan is (tick):

4.(1) Legally compliant	Yes	?	No	?
4.(2) Sound	Yes	?	No	?
4.(3) Complies with the Duty to co-operate	Yes		No	

Please tick as appropriate

5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty-to-cooperate. Please be as detailed as possible. If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

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

6. Please set out what modification(s) you consider necessary to make the Local Plan legally compliant or sound, having regard to the test you have identified at question 5 above where this relates to soundness. (NB please note that any non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why this modification will make the Local Plan 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 detailed as possible.

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

*Please note your representation should cover concisely all the information, evidence, and supporting information necessary to support/ justify the representation and the suggested modification, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage.
After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues he/she identifies for examination.*

7. If your representation is seeking a modification, 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

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

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Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in the oral examination.

9. Signature Date: