

Haringey Local Plan Pre-submission Response Form

Pre-Submission Consultation 8th January – 4th March 2016

The Council is consulting on four Development Plan Documents (DPDs).

These are the:

- Alterations to the Strategic Policies;
- Development Management DPD;
- Site Allocations DPD; and
- Tottenham Area Action Plan.

They will be submitted to the Secretary of State for Examination in Public later this year. This is your final chance to make comments on the documents.

How to Make Comments

This form is designed for postal comments, if you wish to respond by email, please use the Word compatible version of this form which is available for downloading from the Council's website www.haringey.gov.uk/localplan.

Please note that you need to use a separate Part B form for each comment that you make. Your comments will be considered by a Planning Inspector, therefore they should only relate to the 'tests of soundness' and legal compliance (see guidance note at the back of this form, in the DPDs appendices and on our website for more information).

Complete the form overleaf and return to:

Local Plan team
Level 6, River Park
House,
Wood Green
London
N22 8HQ

Or by email to:

ldf@haringey.gov.uk

Or on-line:

www.haringey.gov.uk/localplan

To ensure your comments are considered, please ensure we receive them by 5pm on Friday 4th March 2016.

Next Steps

In the summer of 2016 the Planning Inspector will hold an "Examination in Public" to consider the DPDs and comments made to them. The timetable for the Examination in Public will be advertised when it has been confirmed.

For further information please visit www.haringey.gov.uk/localplan or email ldf@haringey.gov.uk

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Haringey
LONDON

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

Regulation 19 Pre-Submission
Public Consultation

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	MRS	
First Name	DEMAN	
Last Name	ABDULLA	
Job Title (where relevant)	CARER FOR HER HUSBAND AT HOME .	
Organisation (where relevant)	(AT HOME)	
Address Line 1	[REDACTED]	
Address Line 2		
Address Line 3		
Post Code		
Telephone Number		
Email address		

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.

I do not like the plan because it will interrupt with community life. People who have lived in the area for many years enjoy the familiar surrounds and so to change the area so much will cause communities which have lived together for many years to be dissolved.

(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.

I think it would be better if the plans were not implemented. The area is very good as it is already out it would become bad if the

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area were to change so drastically.

(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

I would like to explain my views on the plans in person.

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:

24.2.2016