Ref:

## **Local Plan**Publication Stage Response Form



(for official use only)

Name of the DPD to which this representation relates:

**Development Management DPD** 

Please return to London Borough of Haringey by 5pm on Friday 4<sup>th</sup> 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 De                | tails <sup>1</sup> | 2. Agent's Details      |
|-------------------------------|--------------------|-------------------------|
| Title                         | Mr                 | Miss                    |
| First Name                    | Alan               | Tanya                   |
| Last Name                     | Nagle              | Jordan                  |
| Job Title (where relevant)    |                    | Director                |
| Organisation (where relevant) | Parkstock Ltd      | RPS CgMs                |
| Address Line 1                | c/o Agent          | 140 London Wall         |
| Address Line 2                |                    | London                  |
| Address Line 3                |                    |                         |
| Post Code                     |                    | EC2Y 5DN                |
| Telephone Number              |                    | 020 7832 0255           |
| Email address                 |                    | tanya.jordan@cgms.co.uk |

<sup>&</sup>lt;sup>1</sup> 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: RPS CgMs for and on behalf of Parkstock Ltd

| 3.   | 3. To which part of the Local Plan does this representation relate? |      |           |                 |            |  |  |  |
|--|---|------|-----------|-----------------|------------|--|--|--|
|  |   |      |           |                 |            |  |  |  |
| Para   | graph Policy  | ,    |           | Policies<br>Map | Figure 2.1 |  |  |  |
|  |   |      |           |                 |            |  |  |  |
| 4.   | Do you consider the Local Plan is (ti                               | ck): |           |                 |            |  |  |  |
| 4.(1)  | Legally compliant   | Yes  | $\sqrt{}$ | No              |            |  |  |  |
| (.)  | _ogay cop.a   |      |           |                 |            |  |  |  |
| 4 (0)  | 0 1   | V    |           |                 |            |  |  |  |
| 4.(2)  | Sound   | Yes  |           | No              | V          |  |  |  |
|  |   |      |           |                 |            |  |  |  |
| 4.(3)  | Complies with the Duty  | Yes  | $\sqrt{}$ | No              |            |  |  |  |
| to co  | -operate  |      |           |                 |            |  |  |  |
| 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.  |   |      |           |                 |            |  |  |  |
| Figure 2.1  We note that Figure 2.1 should be read in conjunction with Appendix A (Schedule of Locally Significant Views). However, the numbers referencing the views on Figure 2.1 do not completely correspond with the views numbered and listed in Appendix A. This is confusing and not effective.  (Continue on a separate sheet/ expand box if necessary)   |   |      |           |                 |            |  |  |  |
|  |   |      |           |                 | . 5.       |  |  |  |
| 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. |   |      |           |                 |            |  |  |  |
| The views within Figure 2.2 and Appendix A should be referenced correctly so that they align and the plan is effective.  |   |      |           |                 |            |  |  |  |
|  | (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?



| <b>No,</b> 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  |           |                              |        |  |       |        |  |  |
|  |           |                              |        |  |       |        |  |  |
| 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 | RPS CgMs for and on behalf o | Parkst | ock  | Date: | 2/3/16 |  |  |

