



**Local Plan**  
Publication Stage  
Representation Form

**Ref:**  
  
**(For official use only)**

**Name of the Local Plan to which this representation relates:**

**South Staffordshire Council Local Plan 2018 - 2039**

**Please return to South Staffordshire Council BY 12 noon Friday 23 December 2022**

This form has two parts –

Part A – Personal Details: need only be completed once.

Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make.

**Part A**

**1. Personal Details\***

**2. Agent's Details (if applicable)**

*\*If an agent is appointed, please complete only the Title, Name and Organisation (if applicable) boxes below but complete the full contact details of the agent in 2.*

Title	<input type="text"/>	Miss
First Name	<input type="text"/>	Stephanie
Last Name	<input type="text"/>	Eastwood
Job Title (where relevant)	<input type="text"/>	Director
Organisation (where relevant)	Crest Nicholson Midlands	Avison Young
Address Line 1	C/O Agent	3 Brindleyplace
Line 2	<input type="text"/>	Birmingham
Line 3	<input type="text"/>	<input type="text"/>
Line 4	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	B1 2JB
Telephone Number	<input type="text"/>	0121 609 8120
E-mail Address	<input type="text"/>	<a href="mailto:Stephanie.eastwood@avisonyoung.com">Stephanie.eastwood@avisonyoung.com</a>



(where relevant)

## Part B – Please use a separate sheet for each representation

Name or Organisation:

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

Paragraph	<input type="text"/>	Policy	DS5	Policies Map	<input type="text"/>
h					

4. Do you consider the Local Plan is:

(1) Legally compliant	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(2) Sound	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(3) Complies with the Duty to co-operate	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>

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 co-operate. Please be as precise 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.

Please see accompanying letter for details.

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6. Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why each 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 precise as possible.



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7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?

**No**, I do not wish to participate in hearing session(s)

**Yes**, I wish to participate in hearing session(s)

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Paragraph  Policy  Policies Map

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**South Staffordshire Council**

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# Part B – Please use a separate sheet for each representation

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:

(1) Legally compliant	Yes	<input type="text" value="X"/>	No	<input type="text"/>
(2) Sound	Yes	<input type="text"/>	No	<input type="text" value="X"/>
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