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### Representation Form

# Southend Central Area Action Plan (SCAAP) Revised Proposed Submission 2016

This form has two parts -

Part A - Personal Details
Part B - Your representation(s)

#### Completing this Response Form

Please complete this form and submit it to the Council.

Your comments will be used to check the plan is the most appropriate for the area at an independent examination. Paragraph 182 of the National Planning Policy Framework sets out more detail.

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Please return completed form(s) to Department for Place to the address below:

email: <a href="mailto:ldf@southend.gov.uk">ldf@southend.gov.uk</a>

Post: FAO Business Intelligence Officer

Department for Place

Southend-on-Sea Borough Council

PO Box 5557 Civic Centre Victoria Avenue Southend-on-Sea Essex SS2 67F

complete Title,	<b>Details</b> - if an agent is appointed, please Name & Organisation boxes below but all contact details of the agent.	
Title	MR	
First Name	MART. N	
Surname	BARRELL	
Job Title*	PLANNING SPRUALIST	
Organisation*	ENVIRONMENT AGENC	4
Address line I		
Address line 2		
Address line 3		
Address line 4		
Postcode		216
Telephone No		
Email Address*		
section and	page number. art of the document does this re	
2. Do you?	Support	Object
3. Do you co	onsider the document is:	
3(1) Legally (If your representation of the	sentation is due to the way in which	ich the Council has prepared and Yes No
	ual content on which you wish to her assistance)	object/ support. See guidance Yes No
If you have enter	red No to 3(2), please continue to O4. Ir	In all other circumstance, please go to Q5

Part A

4(1) Positively Prepared (The plan should seek to meet local need where possible)	
4(2) Justified (The plan should be the most appropriate strategy, when considered against the reasonable alternatives, based on proportionate evidence)	
4(3) Effective (The plan should be deliverable over its period and based on effective joint working on cross-boundary strategic priorities)	
4(4) Consistent with National Policy (The plan should enable the delivery of sustainable development in accordance with the	
5. Please give your reasons below why you are supporting/objecting to this part of the Please give details of why you consider the DPD is not legally compliant or is unsound. be as precise as possible. If you wish to support the legal compliance or soundness of the please also use this box to set out your comments	Please
we support the inclusion of objectives 9 and 10.	
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6. What changes would you suggest should be made to this part of the plan? Please s	
what change(s) you consider necessary to make the DPD legally compliant or sound, regard to the test you have identified at 4 above where this relates to soundness. You witto say why this change will make the DPD legally compliant or sound. It will be helpful if yable to put forward your suggested revised wording of any policy or text. Please be as passible.	having II need ou are
NIA.	
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<b>Please note</b> your representation should cover succinctly all the information, evidence and supporting information necessary portly justify the representation and the suggested change, as there will not normally be a subsequent opportunity further representations. After this stage, further submissions will be only at the request of the Inspector, based on the and issues he/she identifies for examination.	to make

4. Do you consider the DPD is UNSOUND because it is not:

No - I do not wish to participate at the oral examination		
Yes - I do wish to participate at the oral examination		
Please note the written comments you have made will hold the sam and will also be fully considered by the Inspector.	ne weight as those discussed at the examii	ation
8. If you wish to participate at the oral part of the consider this to be necessary:	examination, please outline why	you
NIA		
Please note the Inspector will determine the most appropriate produced that they wish to participate at the oral part of the examination		have
3. Do you wish to be notified when the document is:		
Submitted for independent examination		
The Inspectors Report is published		
Adopted		
Please sign and date:		
	Data 1/1/2 1/4	
	Date 16/12/16	
Please sign and date:	Date 16/12/16	

7. If your representation is seeking a change, do you consider it necessary to participate at the

oral part of the examination?

information you supply to us for the reason that you provided. All employees and contractors who have access to your personal data or are associated with the handling of that data are obliged to respect your confidentially.



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Essex SS2 6ZF

complete Title, N	ame & Organisation be contact details of the	oxes below but	ly A	gent Details (if ap	plicable)	
Title	MR					
First Name	MARTIN					
Surname	BARRELL					
Job Title*	PLANNING S	(RUALIST				
Organisation*	Environmen	T AGENCY				
Address line I						
Address line 2			2			
Address line 3						
Address line 4						
Postcode						
Telephone No					-	
Email Address*						
section and p	se use a separat page number. It of the documen				the releva	ant
Policy (e.g DS1)		Paragraph	97	Policies Map		
2. Do you?	Support		Object			
3. Do you cor	nsider the docum	nent is:				
3(1) Legally ( (If your represe published the D	entation is due to th	he way in which t	he Council has	prepared and	Yes V	lo
3(2) Sound (If it is the actu notes for further	al content on whicl er assistance)	h you wish to obj	ect/ support. Se	ee guidance	Yes N	lo

If you have entered No to 3(2), please continue to Q4. In all other circumstance, please go to Q5

Part A

\* where relevant

Personal Details - if an agent is appointed, please only

(The plan should seek to meet local need where possible)	
4(2) Justified (The plan should be the most appropriate strategy, when considered against the reasonable alternatives, based on proportionate evidence)	
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we support the linking of green spaces. A linked network of green spaces and habitate creates a majorist framework for biodisers; to.	ire
continue on a separate sheet if r	ecessary
6. What changes would you suggest should be made to this part of the plan? Please so what change(s) you consider necessary to make the DPD legally compliant or sound, regard to the test you have identified at 4 above where this relates to soundness. You witto say why this change will make the DPD legally compliant or sound. It will be helpful if y able to put forward your suggested revised wording of any policy or text. Please be as passible.	having II need ou are
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Please note the written comments you have made will hold the sa and will also be fully considered by the Inspector.	me weight as those discussed at the examination
8. If you wish to participate at the oral part of the consider this to be necessary:	e examination, please outline why you
NA	
Please note the Inspector will determine the most appropriate	e procedure to adopt to hear those who have
indicated that they wish to participate at the oral part of the examina	ntion.
8. Do you wish to be notified when the document is:	
Submitted for independent examination	
The Inspectors Report is published	
Adopted	
Please sign and date:	
Signature	Date 16/12/16

#### Data Protection Act 1998

Under the Data Protection Act 1998, we have a legal duty to protect any personal information we collect from you. We only use personal information you supply to us for the reason that you provided. All employees and contractors who have access to your personal data or are associated with the handling of that data are obliged to respect your confidentially.



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Surname	BARRELL	
Job Title*	PLANNING SPRUALIST	
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Address line 3		
Address line 4		
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Telephone No		
Email Address*		
section and	page number. art of the document does this represen	representation outlining the relevant station relate?  Policies Map
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3. Do you co	onsider the document is:	
3(1) Legally (If your repre published the	sentation is due to the way in which the C	Council has prepared and Yes No
,	tual content on which you wish to object/ her assistance)	support. See guidance Yes No
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We support the reference to the SMP and the
I have blood management requirements. This
contion would be further strengthened by
also including relevence to the Thames Estury
2100 (TR2100) Plan policies for this area. The Plan's
reconnected blood role unagement policy by leigh old Town
and sos is " to take hirther action to keep up with
climate and land use change so that blood risk does
Carried of the Control of the Contro
rot + ncrease".  continue on a separate sheet if necessary
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No - I do not wish to participate at the oral examination	
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✓ Submitted for independent examination	
The Inspectors Report is published	
Adopted	
Please sign and date:	
Signature Date 16/2/16	

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2. Do you?		bject
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3(1) Legally ( (If your represe published the I	entation is due to the way in which the Co	ouncil has prepared and Yes No
3(2) Sound (If it is the actunotes for furth	ual content on which you wish to object/ s ner assistance)	support. See guidance Yes V No

If you have entered No to 3(2), please continue to Q4. In all other circumstance, please go to Q5

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We support this paragraph which highlywith the need for an early consideration of the FRA. We would also highlight that we would charge for detailed pre-application advice. This paragraph could direct developers to the 'Model checklist for a site specific flood risk assessment' in the flood risk and courtal change section of the plan? Please set out what changes would you suggest should be made to this part of the plan? Please set out what changes would you suggest should be made to this part of the plan? Please set out what changes would you suggest should be made to this part of the plan? Please set out what changes you consider necessary to make the DPD legally compliant or sound, having regard to the test you have identified at 4 above where this relates to soundness. You will need to say why this change will make the DPD 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.
See above.
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4. Do you consider the DPD is UNSOUND because it is not:

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No - I do not wish to participate at the oral exam	ination
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Adopted	
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Signature	Date 16/12/16
Data Protection Act 1998	

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complete Title,	<b>Details</b> - if an agent is appointed, please only Name & Organisation boxes below but all contact details of the agent.	Agent Details (if applicable)
Title	MR	
First Name	MARTIN	
Surname	BARRELL	
Job Title*	PLANNING SPECIALIST	
Organisation*	ENVIRONMENT AGENCY	
Address line I		
Address line 2		
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Address line 4		
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section and	page number. art of the document does this represen	representation outlining the relevant ntation relate?  Policies Map
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	Compliant esentation is due to the way in which the C e DPD)	Council has prepared and Yes No
	tual content on which you wish to object/ ther assistance)	support. See guidance Yes No
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Part A

4. Do you consider the DPD is UNSOUND because it is not:
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Surname	BARRELL					
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Organisation*	ENVIRONM	DENT AGENCY				
Address line I						
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Address line 3						
Address line 4						
Postcode						
Telephone No					~	
Email Address*						
section and p	age number.	rate sheet for each			the rel	evant
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3(2) Sound (If it is the actu notes for furth		hich you wish to obj	ect/ support. See	guidance	Yes	No
If you have entere	ed No to 3/21 bles	ase continue to 04 In all	other circumstance	blease an to 05		

Part A

4. Do you consider the DPD is UNSOUND because it is not:
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examination	n, please outline why you
	adopt to hear those who have
Date	16/12/16
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formation we co	llect from you. We only use personal
	e weight as the examination or occedure to con.

information you supply to us for the reason that you provided. All employees and contractors who have access to your personal data or are associated with the handling of that data are obliged to respect your confidentially.



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for official use only

### Representation Form

# Southend Central Area Action Plan (SCAAP) Revised Proposed Submission 2016

This form has two parts -

Part A - Personal Details
Part B - Your representation(s)

#### Completing this Response Form

Please complete this form and submit it to the Council.

Your comments will be used to check the plan is the most appropriate for the area at an independent examination. Paragraph 182 of the National Planning Policy Framework sets out more detail.

All comments must be supported by your full name and address. As this is a statutory stage of consultation, no late comments can be accepted.

We are legally required to publish comments received as part of the consultation for public inspection and keep these records on our files for the purpose of the Local Plan. By submitting, you consent to your information being disclosed to third parties for this purpose.

Please return completed form(s) to Department for Place to the address below:

email: ldf@southend.gov.uk

Post: FAO Business Intelligence Officer

Department for Place

Southend-on-Sea Borough Council

PO Box 5557 Civic Centre Victoria Avenue Southend-on-Sea

Essex SS2 6ZF

complete Title, N	Name & Organisation boxes below but Il contact details of the agent.	Agent Details (if applicable)
Title	MR	
First Name	MARTIN	
Surname	BARRELL	
Job Title*	PLANNING SPECIALIST	
Organisation*	ENVIRONMENT AGENCY	
Address line I		
Address line 2		
Address line 3		
Address line 4		
Postcode		
Telephone No		
Email Address*		
section and	page number.  urt of the document does this represent	epresentation outlining the relevant tation relate?
2. Do you?		Object
3. Do you co	onsider the document is:	
3(I) Legally (If your representation of the	sentation is due to the way in which the C	ouncil has prepared and Yes No
	ual content on which you wish to object/ s her assistance)	support. See guidance Yes No

If you have entered No to 3(2), please continue to Q4. In all other circumstance, please go to Q5

4. Do you consider the DPD is UNSOUND because it is not:
4(1) Positively Prepared (The plan should seek to meet local need where possible)
4(2) Justified (The plan should be the most appropriate strategy, when considered against the reasonable alternatives, based on proportionate evidence)
4(3) Effective (The plan should be deliverable over its period and based on effective joint working on cross-boundary strategic priorities)
4(4) Consistent with National Policy (The plan should enable the delivery of sustainable development in accordance with the
5. Please give your reasons below why you are supporting/ objecting to this part of the plan. Please give details of why you consider the DPD is not legally compliant or is unsound. Please be as precise as possible. If you wish to support the legal compliance or soundness of the DPD, please also use this box to set out your comments
we support the inclusion of that Policy, in particular the comprehensive blood risk requirements in part I of the Policy.
continue on a separate sheet if necessary
6. What changes would you suggest should be made to this part of the plan? Please set out what change(s) you consider necessary to make the DPD legally compliant or sound, having regard to the test you have identified at 4 above where this relates to soundness. You will need to say why this change will make the DPD 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.
DIA.
continue on a separate sheet if necessary
<b>Please note</b> your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity to make further representations. 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 change, 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 do wish to participate at the oral examination
Please note the written comments you have made will hold the same weight as those discussed at the examination and will also be fully considered by the Inspector.
8. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:
NIA
Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the examination.  8. Do you wish to be notified when the document is:  Submitted for independent examination  The Inspectors Report is published  Adopted
Please sign and date:
Signature Date 16/12/16

#### Data Protection Act 1998

Under the Data Protection Act 1998, we have a legal duty to protect any personal information we collect from you. We only use personal information you supply to us for the reason that you provided. All employees and contractors who have access to your personal data or are associated with the handling of that data are obliged to respect your confidentially.



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### Representation Form

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Essex SS2 6ZF

complete Title, I	etails - if an agent is appointed, please only Name & Organisation boxes below but Il contact details of the agent.	Agent Details (if applicable)
Title	MR	
First Name	MARX.W	
Surname	BARRELL	
Job Title*	PLANNING SPRUALIST	
Organisation*	ENVIRONMENT AGENCY	
Address line 1		
Address line 2		
Address line 3		
Address line 4		
Postcode		
Telephone No		
Email Address*		
section and  I.To which pa  Policy (e.g DSI		tion relate?  Policies Map
2. Do you?	Support Ob	ject
3. Do you co	onsider the document is:	
3(I) Legally (If your representation of the	sentation is due to the way in which the Cou	uncil has prepared and Yes V No
	ual content on which you wish to object/ su her assistance)	pport. See guidance Yes No

If you have entered No to 3(2), please continue to Q4. In all other circumstance, please go to Q5

PartA

4. Do you consider the DPD is UNSOUND because it is not:
4(1) Positively Prepared (The plan should seek to meet local need where possible)
4(2) Justified (The plan should be the most appropriate strategy, when considered against the reasonable alternatives, based on proportionate evidence)
4(3) Effective (The plan should be deliverable over its period and based on effective joint working on cross-boundary strategic priorities)
4(4) Consistent with National Policy (The plan should enable the delivery of sustainable development in accordance with the
5. Please give your reasons below why you are supporting/ objecting to this part of the plan. Please give details of why you consider the DPD is not legally compliant or is unsound. Please be as precise as possible. If you wish to support the legal compliance or soundness of the DPD, please also use this box to set out your comments
we support partle) of this policy, promoting on integrated approach to flood risk management.
continue on a separate sheet if necessary
6. What changes would you suggest should be made to this part of the plan? Please set out what change(s) you consider necessary to make the DPD legally compliant or sound, having regard to the test you have identified at 4 above where this relates to soundness. You will need to say why this change will make the DPD 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.
$\omega \alpha$ .
continue on a separate sheet if necessary
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support/ justify the representation and the suggested change, as there will not normally be a subsequent opportunity to make

further representations. After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues helshe identifies for examination.

7. If your representation is seeking a change, oral part of the examination?	do you consider it necessary to participate at the
No - I do not wish to participate at the oral e	xamination
Yes - I do wish to participate at the oral exam	nination
Please note the written comments you have made will and will also be fully considered by the Inspector.	ll hold the same weight as those discussed at the examination
8. If you wish to participate at the oral participate	art of the examination, please outline why you
NIA	
Please note the Inspector will determine the most indicated that they wish to participate at the oral part of 8. Do you wish to be notified when the docum	
Submitted for independent examination	
The Inspectors Report is published	
Adopted	
Please sign and date:	
Signature	Date 16/12/16

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### Representation Form

# Southend Central Area Action Plan (SCAAP) Revised Proposed Submission 2016

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Department for Place

Southend-on-Sea Borough Council

PO Box 5557 Civic Centre Victoria Avenue Southend-on-Sea Essex SS2 6ZF

complete Title,	Details - if an agent i Name & Organisation ull contact details of the	boxes below but	ly Aş	gent Details (if a	applicable)	
Title	MR					
First Name	MARTIN					
Surname	BARRELL					-
Job Title*	PLANNING	SPECIALIST				
Organisation*	ENVIRONIM	UT AGENCY				
Address line 1						
Address line 2						
Address line 3						
Address line 4						
Postcode						
Telephone No					-1-	
Email Address						
section and	ease use a separal page number. art of the document)					it
2. Do you?	Support		Object			
3. Do you c	onsider the docu	ment is:				
	Compliant esentation is due to e DPD)	the way in which t	he Council has	prepared and	Yes No	
	tual content on whi ther assistance)	ich you wish to ob	ect/ support. So	ee guidance	Yes No	
If you have ente	ered No to 3(2), please	continue to Q4. In al	other circumstan	ce, please go to Q5		

PartA

\* where relevant

Personal Details - if an agent is appointed, please only

4. Do you consider the DPD is UNSOUND because it is not:
4(1) Positively Prepared (The plan should seek to meet local need where possible)
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4(4) Consistent with National Policy (The plan should enable the delivery of sustainable development in accordance with the
5. Please give your reasons below why you are supporting/ objecting to this part of the plan. Please give details of why you consider the DPD is not legally compliant or is unsound. Please be as precise as possible. If you wish to support the legal compliance or soundness of the DPD, please also use this box to set out your comments
which again is promoting a joined up approach
we support part e) of this policy in particular, which again is promoting a joined up approach to green space provision across the area.
continue on a separate sheet if necessary
6. What changes would you suggest should be made to this part of the plan? Please set out what change(s) you consider necessary to make the DPD legally compliant or sound, having regard to the test you have identified at 4 above where this relates to soundness. You will need to say why this change will make the DPD 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.
NIA.
continue on a separate sheet if necessary
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7. If your representation is seeking a change, do you or oral part of the examination?	consider it necessary to participate at the
No - I do not wish to participate at the oral examination	on
Yes - I do wish to participate at the oral examination	
Please note the written comments you have made will hold the and will also be fully considered by the Inspector.	same weight as those discussed at the examination
8. If you wish to participate at the oral part of the consider this to be necessary:	ne examination, please outline why you
NIA	
	× 1
Please note the Inspector will determine the most approprie	
indicated that they wish to participate at the oral part of the exami 8. Do you wish to be notified when the document is:	nation.
✓ Submitted for independent examination	
The Inspectors Report is published	
Adopted	
Please sign and date:	
Signature	Date 16/12/16
Data Protection Act 1998 Index the Data Protection Act 1998 we have a legal duty to protect any person	nal information we collect from you. We only use personal

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PO Box 5557 Civic Centre Victoria Avenue Southend-on-Sea Essex SS2 6ZF

complete Title,	<b>Details</b> - if an agent is appointed, please only Name & Organisation boxes below but all contact details of the agent.	Agent Details (if applicable)
Title	MR	
First Name	MARTIN	
Surname	BARRELL	
Job Title*	PLANNING SPECIALIST	
Organisation*	ENVIRON WENT AGENCY	
Address line I		
Address line 2		
Address line 3		
Address line 4		
Postcode		
Telephone No		· · · · · · · · · · · · · · · · · · ·
Email Address*		
section and	ase use a separate sheet for each repage number.  art of the document does this representa  1)  CS 3  Paragraph	
2. Do you?	Support Ob	oject
3. Do you co	onsider the document is:	
3(1) Legally (If your repre published the	sentation is due to the way in which the Cou	uncil has prepared and Yes No
	tual content on which you wish to object/ su her assistance)	pport. See guidance Yes No

If you have entered No to 3(2), please continue to Q4. In all other circumstance, please go to Q5

Part A

4(1) Positively Prepared (The plan should seek to meet local need where possible)
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we support part Z. of this Policy, which seeks to protect biodiserity and blood risk interests.
continue on a separate sheet if necessary
6. What changes would you suggest should be made to this part of the plan? Please set out what change(s) you consider necessary to make the DPD legally compliant or sound, having regard to the test you have identified at 4 above where this relates to soundness. You will need to say why this change will make the DPD 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.
N (A .
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4. Do you consider the DPD is UNSOUND because it is not:

No - I do not wish to participate at the oral examination  Yes - I do wish to participate at the oral examination  Please note the written comments you have made will hold the same weight as those discussed at the examination and will also be fully considered by the Inspector.  8. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:  \( \text{\( \) (A \)  Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the examination.  8. Do you wish to be notified when the document is:  \( \text{\( \) Submitted for independent examination} \)  \( \text{\( \) The Inspectors Report is published} \)  Adopted  Please sign and date:  Signature  \( \) Date \( \) (6 \) (72 \) (16	oral part of the examination?	
Please note the written comments you have made will hold the same weight as those discussed at the examination and will also be fully considered by the Inspector.  8. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:	No - I do not wish to participate at th	e oral examination
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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 at the oral part of the examination.  8. Do you wish to be notified when the document is:  Submitted for independent examination  The Inspectors Report is published  Adopted  Please sign and date:  Signature  Date  16.12.16		
Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the examination.  8. Do you wish to be notified when the document is:  Submitted for independent examination  The Inspectors Report is published  Adopted  Please sign and date:  Signature  Date		oral part of the examination, please outline why you
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indicated that they wish to participate at the oral part of the examination.  8. Do you wish to be notified when the document is:  Submitted for independent examination  The Inspectors Report is published  Adopted  Please sign and date:  Signature  Date		
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Submitted for independent examination The Inspectors Report is published Adopted  Please sign and date:  Signature  Date 161216	indicated that they wish to participate at the ora	part of the examination.
The Inspectors Report is published  Adopted  Please sign and date:  Signature  Date  16(12(16)		
Please sign and date: Signature  Date 16/12/16		acion
Please sign and date: Signature Date いらしてして		
Signature Date 16/12/16	Adopted	
Signature Date 16/12/16		
	Please sign and date:	
	Signature	Date 16/12/16
Data Protection Act 1998		
Data Protection Act 1998		
	Data Protection Act 1998	

7. If your representation is seeking a change, do you consider it necessary to participate at the

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