

## 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](mailto: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

## Part A

**Personal Details** - if an agent is appointed, please only complete Title, Name & Organisation boxes below but complete the full contact details of the agent.

Title	MISS
First Name	RUTH
Surname	WHARFE
Job Title*	
Organisation*	
Address line 1	
Address line 2	
Address line 3	
Address line 4	
Postcode	
Telephone No	
Email Address*	

## Agent Details (if applicable)


**Part B - Please use a separate sheet for each representation outlining the relevant section and page number.**

**1. To which part of the document does this representation relate?**

Policy (e.g DSI)	CS2	Paragraph		Policies Map	
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**2. Do you?**

Support

☒

Object

☐

**3. Do you consider the document is:**

**3(1) Legally Compliant**

(If your representation is due to the way in which the Council has prepared and published the DPD)

Yes

☒

No

☐

**3(2) Sound**

(If it is the actual content on which you wish to object/ support. See guidance notes for further assistance)

Yes

☒

No

☐

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

\* where relevant

**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**

- ① Support approach to conserving nature and biodiversity - would welcome opportunity for more wildlife habitats in Central Seaford area.
- ② Support provision of more housing, particularly a good mix of affordable housing, including consideration of the homeless.

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.**

continue on a separate sheet if necessary

**Please note** 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 in 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:

**Please note** the Inspector will determine the most appropriate procedure to adopt to hear those 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

15.11.16

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

**Please note:** All representations will be published on our website excluding address, telephone number and email address.