



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 2023 - 2041

Please return to South Staffordshire Council by 12 noon Friday 31 May 2024

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 | 2. Agent's Details (if |
|--------------------------------------|--|
| Details* | applicable) |
| boxes below but complete the full co | nplete only the Title, Name and Organisation (if applicable) ntact details of the agent in 2. |
| Title | |
| First Name | |
| Last Name | |
| Job Title | |
| (where relevant) Organisation | |
| (where relevant) Address Line 1 | |
| Line 2 | |
| Line 3 | |
| Line 4 | |
| Post Code | |
| | |
| Telephone Number | |
| - " | |
| E-mail Address | |



Part B - Please use a separate sheet for each representation

| Name or Organisation: MR RONALD WINDSOR | | | | | | | | |
|--|----------------|----------------|--------------------------|---------|--------------|----------|---------------------|-----------------|
| 3. To which part of the Local Plan does this representation relate? | | | | | | | | |
| J 1 | .60 age 46 | Policy | DS4 Developi Needs | ment | Policies | Мар | Page 23 Site 036 | |
| 4. Do you con | sider the L | ocal Plan i | s: | Γ | | Í | | |
| (1) Legally co | mpliant | | Yes | _ | | | No | |
| (2) Sound | | | Yes | - | | | No | NO |
| (3) Complies of Duty to co-op | | | Yes | | | | No | INC . |
| Please tick as app | propriate | | | | | | | |
| 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. | | | | | | | | |
| The plan is not so | ound: | | | | | | | |
| My reasons are | | | | | | | | |
| The assessment of Housing Need should be OBJECTIVE according to the Guidance on Housing and Economic Needs Assessment . | | | | | | | | |
| There is no indication for the need for Flexibility in this guidance (i.e the 10% extra 473 additional homes in SSDC are surplus to need and have a particular impact on site 036c) | | | | | | | | |
| This policy is not | aligned with a | amendments | 013 dated 1 | 15/12/2 | 2020 and 010 | dated | 010 dated | 16/12/2020 |
| I ask the inspecto | or to address | this matter ir | n particular | | | | | |
| | | | (Cont | tinue o | n a separate | sheet /e | expand box | (if necessary) |

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.

| text. Please be as precise as possible. | a weramy or any pency or | | | | |
|---|--|--|--|--|--|
| Delete in its entirety the planned development at site 036c for the reasons | s outlined above | | | | |
| | | | | | |
| (Continue on a separate | e sheet /expand box if necessary) | | | | |
| Please note: In your representation you should provide succinctly all the evidence and supporting information necessary to support your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions. After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he or she identifies for examination. | | | | | |
| 7. If your representation is seeking a modification to the pl necessary to participate in examination hearing session(s)? | | | | | |
| No, I do not wish to participate in hearing session(s) YES | Yes, I wish to participate in hearing session(s) | | | | |
| Please note that while this will provide an initial indication of in hearing session(s), you may be asked at a later point to participate. | | | | | |
| 8. If you wish to participate in the hearing session(s), plear consider this to be necessary: | se outline why you | | | | |



| To m | ake the Inspecto | or fully aware o | f my reasons | |
|------|------------------|------------------|--------------|--|
| | | | | |
| | | | | |
| | | | | |

Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in hearing session(s). You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.

Representations cannot be kept confidential and will be available for public scrutiny, including your name and/or organisation (if applicable). However, your contact details will not be published.

Data Protection

Your details will be added to our Local Plans Consultation database so that we can contact you as the review progresses. South Staffordshire Council will process your personal data in accordance with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR). Our Privacy Notice can be viewed at Data Protection (Strategic Planning) | South Staffordshire District Council (sstaffs.gov.uk)

Please return the form via email to localplans@sstaffs.gov.uk or by post to South Staffordshire Council, Community Hub, Wolverhampton Road, Codsall, South Staffordshire WV8 1PX