

# Response 101

## Respondent Details

Information	
[REDACTED]	[REDACTED]

## PART A - About You

1. Please complete the following: Please note the email address (if provided below) will be sent a full copy of the submitted response and a unique ID number for future reference (pdf attachment).

Name of person completing the form: C LLOYD

Email address: [REDACTED]

2. What type of respondent are you? Please select all that apply.

A local resident who lives in Warrington

3. Please complete the following:

Contact details	
Organisation name (if applicable)	[REDACTED]
Agent name (if applicable)	[REDACTED]
Address 1	[REDACTED]
Address 2	[REDACTED]
Postcode	[REDACTED]
Telephone number	[REDACTED]

## PART B - Representation Form 1

1. To which part of the Local Plan does this representation relate? From the drop down list please select one option.

Draft Local Plan (as a whole)

3. Do you consider the Draft Local Plan is: Please select one option in each row.

	Yes	No
Legally Compliant		X
Sound		X
Compliant with the Duty to Co-operate		X

4. If you have answered 'No' to any of the options in the above question then please give details in the box below of why you consider the Draft 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.

Erosion of greenbelt with no exceptional circumstances, more houses being built in Lymm than anywhere else, due to obvious bias from developers, no infrastructure planned for Lymm to cope with increased traffic, people using already oversubscribed schools and doctor's surgeries.

6. Please set out what modification(s) you consider necessary to make the Draft Local Plan legally compliant or sound, having regard to the test you have identified 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 would be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

Increased services for Lymm, doctor's, schools, businesses.

7. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the examination? Please select one option.

No, I do not wish to participate at the oral examination

You have just completed a Representation Form for Draft Local Plan (as a whole). What would you like to do now? Please select one option.

Complete the rest of the survey (Part C)