

Response 509

Respondent Details

Information	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[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: Andrea Dickenson

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)	-
Agent name (if applicable)	-
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)

2. Does your comment relate to a specific paragraph (s) or policy sub-number (s)? Please select one option.

Both of the above

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

	Yes	No
Legally Compliant		X
Sound		
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.

Poor infrastructure to support the proposed expansion

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)