



| For Office Use | |
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| LDP Representer No: | |
| Date received: | |
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Powys Local Development Plan (LDP) 2011-2026 Deposit Draft (June 2015)

Deposit Stage Representation Form, June 2015

It is recommended that representations are made on this standard form or directly on-line at LDPWeb via www.powys.gov.uk (Planning Policy/LDP pages).

Alternatively please complete Sections 1 and 2 of this standard form, it only needs to be done once, for Section 3 you will need to use a separate form for each representation that you wish to make and attach it to sections 1 and 2. Sections 5 and 6 contain questions regarding feedback and equalities and will only need to be completed once.

Send your completed form to:

**Powys LDP Team
Planning Policy
Powys County Council
The Gwalia,
Llandrindod Wells,
LD1 6AA**

or email to ldp@powys.gov.uk

Representations must be received by **4.30pm, Monday 20th July 2015**.

Please note that only representations submitted during this consultation period (8th June 2015 - 20th July 2015) will be carried forward through the Local Development Plan process. Any representations that were made in the previous consultation (on the Powys LDP Deposit Draft, July 2014) will not be carried forward. If you consider that any representations you made last time are still relevant, you must submit these again using the latest Deposit Stage Representation Form and guidance note.

Please read the separate **“Guidance Notes on Making Representations”** before completing this form which will guide you through the process.

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Section 1: Contact Details

| | Your Details | Your Agent's Details (if applicable) |
|------------------------------|--------------|--------------------------------------|
| Name: | | |
| Organisation/Company: | | |
| Address: | | |
| Postcode: | | |

Please note that information provided in Sections 1, 3 and 4 will be made publicly available. Further personal information (as provided in Section 2) will be treated confidentially.

Section 2: Further Personal Information

(See "Guidance Notes on Making Representations")

| | Your Details | Agents Details (if applicable) |
|-------------------|--------------|--------------------------------|
| Name: | | |
| Tel: | | |
| Fax: | | |
| Email: | | |
| Signature: | | |
| Date: | | |

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From this point onwards please use a separate representation form for each part of the plan you wish to make a comment on. All representations made will be available for the public to view.

SECTION 3: Commenting on the Plan:

3a. The Powys Local Development Plan (LDP) will be examined by an independent Inspector appointed by the Welsh Government.

It is the Inspector's job to consider whether the Plan is sound. There is no definition of 'sound' but in this context we use its ordinary meaning of 'showing good judgement' and 'able to be trusted'.

The questions or 'tests' which the Inspector will consider in deciding whether the Plan is sound are in the Guidance Notes on Making Representations accompanying this form, it may help you to read them before you tell us what you think of the Plan and its policies.

Before you set out your comments in detail, it would be helpful to know whether you think the Plan is sound, or if you think that all or parts of it are unsound and needs to be changed.

If you want changes to the plan, we will assume you do not consider the Plan to be sound. However, please note that it is not the role of the Inspector to make an acceptable plan better.

(i) I think the LDP is sound

(ii) I think the LDP is unsound and should be changed

(iii) If you think the plan does not meet one or more tests of soundness, please indicate below which test (s) it does not meet (see "**Guidance Notes on Making Representations**")

3b. Which document are you commenting on:

Please tick one:

- Powys Local Development Plan 2011-2026, Deposit Draft (June 2015) Written Statement
- Powys Local Development Plan 2011-2026, Deposit Draft (June 2015) Proposals Maps
- Sustainability Appraisal Report (June 2015)
- Draft Environmental Report (Strategic Environmental Assessment) (June 2015)
- Habitat Regulations Assessment Report (June 2015)

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3c. Which part of the document are you commenting on?

When making a comment or representation, it is important you tell us which part of the document you are commenting on. To make this easier a system of RefPoints (Reference Points) has been used. We have placed RefPoints in the document which look like this: [®9.12](#) (An ® symbol followed by a number). If you want to make a general comment about the whole document, or to point out something which has been omitted, please use the first RefPoint in the document.

Further information can be found in the “**Guidance Notes on Making Representations**”. Please remember to use one form per representation.

RefPoint

| |
|---|
| ® |
|---|

and / or

Policy Number

| |
|--|
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|--|

and / or

Paragraph or section number

| |
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|--|

and/or

The Proposals Map

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Section 3d: Your Comments and Suggested Changes

Please set out your comments below using additional sheets as necessary.

If you want changes made to the Plan, please be specific. For example, if you want new text or a policy added, please set out the new text or policy and explain where it should go in the plan.

If you do not consider the Plan to be sound and that it should be changed, please explain clearly why you think the changes are needed. If you think a change is needed for the plan to meet one or more tests of soundness, please tell us which one(s).

Your comments should be set out in full. This will help the Authority and the Inspector to understand the issues you raise. You will only be able to submit further information to the Examination if the Inspector invites you to address matters that he or she may raise. Please note

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that the Inspector will not have access to comments you may have made in response to previous consultations.

i) Please use the space below to set out your representation:

ii) Please use the space below to say what changes (if any) you would like to be made:

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Please continue on a separate sheet if required

iii) Does your representation request the addition of a:

- a) New Site (see 3e below)
- b) New Policy
- c) New Paragraph or new text
- d) Other

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Section 3e: Site Allocation Representations

i) Is your representation referring to (tick all that apply):

- (a) Amending a site (see ii a), (b) Deleting a site (see ii a)
- (c) Adding a new site (see ii b)

ii) If your representation is with regard to an allocation shown in the Deposit Plan Map Document and Appendix 1, please enter the reference number here:

a) Allocation Number (e.g P01 HA1)

New Site Information - was the site submitted as part of the candidate site process? If so, please give the Candidate Site name and Number (if known):

b) Site Name, Candidate Site Number

If you did not submit the site previously as a candidate site, please provide the following details:

- A plan of the site you wish to be considered with your Representation form. This must be an Ordnance Survey Based Map, outlining the land for consideration in RED.
- Details of the proposed use for the site.
- Documentation that the site accords with the LDP's strategy and that the plan would be sound if the site is included.
- Evidence that you have used a consistent methodology in assessing the site. It is advised that you follow the Authority's Candidate Site Methodology, this can be found on the website at [Candidate Site Proposed Methodology March 2012 Doc15 bi.pdf](#)
- You will also need to test the sustainability effects of the site. This is called Sustainability Appraisal / Strategic Environmental Assessment. See guidance note for more information.

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Section 4: After making your representation

At this stage, you can only make comments in writing (these are called 'written representations').

However everyone that wants to change the Plan can appear before and speak to the Inspector at a 'hearing session' during the public Examination.

However you should bear in mind that your written comments on this form will be given the same weight by the Inspector as those made verbally at a hearing session.

a) Do you want your comments to be considered by “written representations” or do you want to speak at a hearing session of the public examination? (Please tick one of the following):

i) I do not want to speak at a hearing session and am happy for my written comments to be considered by the Inspector

ii) I want to speak at a hearing session

b) If you wish to speak, please confirm which part of your representation you wish to speak to the Inspector about and why you consider it to be necessary to speak at the hearing

Yes, I wish to be notified that the LDP has been submitted to Welsh Government for independent examination and/or of the adoption of the plan.

I am enclosing further information on separate page/s.

SignedDated.....

THANK YOU FOR YOUR COMMENTS

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The closing date for representations is 4.30pm, **Monday 20th July 2015**. Representations received after this date will not be considered.

Please note that only representations submitted during this consultation period (8th June 2015 - 20th July 2015) will be carried forward through the Local Development Plan process.

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Section 5: CUSTOMER FEEDBACK MONITORING

Please complete Section 5 and 6 once only. It is only for section 3 that you will need to use a separate form for each representation that you wish to make.

Section 5 is designed to help us find out if the Council is delivering a satisfactory service to you, the customer.

All questions are *optional*. Please leave blank any that you prefer not to answer.

1. Did you speak to a member of the LDP Team before submitting your representation (s)?

Yes

No

2. How satisfied were you with the information provided and assistance given to you?

- Very satisfied
- Fairly satisfied
- Fairly dissatisfied
- Very dissatisfied
- Not applicable

3. How satisfied are you with information available on the Powys website referring to the Deposit LDP?

- Very satisfied
- Fairly satisfied
- Fairly dissatisfied
- Very dissatisfied
- Not applicable

4. Did you attend one of the LDP exhibitions? If you did how satisfied are you with the information presented and how questions were answered.

- Very satisfied
- Fairly satisfied
- Fairly dissatisfied
- Very dissatisfied
- Not applicable

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5. How easy did you find it to complete the representation form.

- Very easy
- Easy
- Difficult
- Very Difficult
- Not applicable, representations were submitted via LDPWeb / other method.

6. How easy did you find it to submit your comments through LDPWeb.

- Very easy
- Easy
- Difficult
- Very Difficult
- Not applicable representations were submitted in paper format / email.

7. As we are continually monitoring and improving our services, we would appreciate any suggestions or comments you may have that you believe would help improve our services to you.

8. Overall, how would you rate the service you have received?

- Very satisfied
- Fairly satisfied
- Fairly dissatisfied
- Very dissatisfied
- Don't know/can't remember

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Section 6 – Equalities Monitoring

Powys County Council is committed to providing services which meet the needs of different types of people and to remove any barriers that exist. To achieve this, we need to gather information about who uses our services, and whether their needs are met. This will then assist in shaping the way that we design, manage and improve our services. We would therefore appreciate you taking just a few minutes to complete this information as part of that process.

All the information that you give us here, will be treated in the strictest of confidence, and, will be used only to provide data for statistical analysis and reporting.

All questions are optional. Please leave blank any that you prefer not to answer.

1. Gender

What is your gender?

Male Female

2. Age

What is your age?

Under 16 16 – 17 18 – 19 20 – 24 25 – 34
 35 – 44 45 – 54 55 – 64 65 – 74 75 or over

3. Disability

3.1 Do you have any physical or mental health conditions, illnesses or impairments, lasting, or expected to last, 12 months or more¹ ?

Yes No Don't know

3.2 If you answered 'Yes' to question 3.1, does your condition, illness or impairment/ do any of your conditions, illnesses or impairments reduce your ability to carry out day-to-day activities?²

Yes, a lot Yes, a little Not at all

**3.3 Do you have any health conditions, illnesses or impairments which affect you in the following areas?²
Please choose ALL that apply.**

Vision (for example blindness or partial sight)

¹ Note: In answering question 3.1, please include any sensory deficit, non temporary mobility problems such as dyspraxia and cerebral palsy, developmental conditions such as Autism and Asperger's syndrome, conditions associated with learning impairment such as Down's syndrome or dyslexia, difficulties associated with injury as well as common conditions and illnesses if they have lasted or are expected to last 12 months or more. Any seasonal conditions such as hay fever which recur and have lasted or are expected to recur in the future should also be included.

² Note: In answering questions 3.2 and 3.3 you should consider whether you are affected whilst receiving any treatment or medication for your condition or illness and/or using any devices such as a hearing aid, for example.

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- Hearing (for example deafness or partial hearing)
- Mobility (for example walking short distances or climbing stairs)
- Dexterity (for example, lifting and carrying objects or using a keyboard)
- Learning or understanding/concentrating (for example associated with Dyslexia or Down's syndrome)
- Memory
- Mental Health
- Stamina or breathing or fatigue
- Socially or behaviourally (for example, associated with autism, attention deficit disorder or Asperger's syndrome)
- Other, please describe

4. Pregnancy and Maternity

IF FEMALE: Are you currently pregnant, or have you given birth within the past 26 weeks?

- Yes, I'm pregnant Yes, I've given birth within the past 26 weeks No

5. Language

5.1 Can you understand, speak, read or write Welsh? Please choose ALL that apply.

- Understand spoken Welsh
- Speak Welsh
- Read Welsh
- Write Welsh
- None of the above

5.2 What is your main language?

- English Welsh Other, please specify

6. National Identity

How would you describe your national identity? Please choose ALL that apply.

- Welsh
- English
- Scottish
- Northern Irish
- British
- Irish
- Polish
- Other, please describe

7. Ethnicity

What is your ethnic group? Please choose JUST ONE of the 18 options below that best describes your ethnic group or background.

White

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- 1. Welsh/English/Scottish/Northern Irish/British
- 2. Irish
- 3. Gypsy or Irish Traveller
- 4. Any other White background, please describe

Mixed / Multiple ethnic groups

- 5. White and Black Caribbean
- 6. White and Black African
- 7. White and Asian
- 8. Any other Mixed/Multiple ethnic background, please describe

Asian / Asian British

- 9. Indian
- 10. Pakistani
- 11. Bangladeshi
- 12. Chinese
- 13. Any other Asian background, please describe

Black / African / Caribbean / British

- 14. African
- 15. Caribbean
- 16. Any other Black/African/Caribbean background, please describe

Other Ethnic group

- 17. Arab
- 18. Any other ethnic group, please describe

8. Sexual Identity

IF AGED 16 OR OVER: Which of the following options best describes how you think of yourself?

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other
- Prefer not to say

9. Marital or same-sex Civil Partnership Status

IF AGED 16 OR OVER: What is your current marital or same-sex civil partnership status?

- Single, that is, never married and never registered in a same-sex Civil Partnership
- Married
- In a registered same-sex Civil Partnership
- Other, please describe

10. Religion

What is your religion?

- No religion

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- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please describe

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