



# The Carlisle District Local Plan 2015-2030

## Proposed Submission Draft Consultation Representation Form



CARLISLE  
CITY COUNCIL



[www.carlisle.gov.uk](http://www.carlisle.gov.uk)



Images courtesy of Andrew Paterson, D&H Photographers and Jason Friend

## INSTRUCTIONS

**Before you start, you are advised to read the Guidance Note published separately alongside this form.**

Please note all representations must be received by no later than Monday **20<sup>th</sup> April 2015**. There are no guarantees that any representations received after this deadline can be accepted.

For all representations parts one and two of this form should be completed. Should you wish to make more than one representation, please fill in and submit a separate form for each.

A copy of the Proposed Submission Draft Local Plan and all supporting documentation is available to view at [www.carlisle.gov.uk/localplan](http://www.carlisle.gov.uk/localplan)

### **How to respond –**

**Via email:** [lpc@carlisle.gov.uk](mailto:lpc@carlisle.gov.uk)

**In writing:** Investment and Policy  
Carlisle City Council  
Civic Centre  
Carlisle  
Cumbria  
CA3 8QG

**To find out more Call:** 01228 817569

## **PART ONE- YOUR DETAILS**

It is important that you fill in your contact details below; **we cannot register your representation without your details**. Please note that we will not be able to keep your representation or personal details confidential. We may also wish to contact you to clarify your representation.

In circumstances where there are individuals/ groups/ organisations who share a similar view on the plan, it would be helpful if individuals/ groups/ organisations make a single representation. It would also be useful if the group/organisation state how many people the submission is representing and how the representation was authorised.

| <b>Your Details</b>                                                                                  | <b>Your Agent's Details (If applicable)</b> |
|------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Title: Mrs                                                                                           | Title:                                      |
| Surname: Kyle                                                                                        | Surname:                                    |
| Forename: Sarah                                                                                      | Forename:                                   |
| Organisation/Company: Stanwix Rural Parish Council                                                   | Organisation/Company:                       |
| Address: c/o Hill House, Walton, Brampton, Cumbria                                                   | Address:                                    |
| Postcode: CA8 2DY                                                                                    | Postcode:                                   |
| Contact No: 01228 231124                                                                             | Contact No:                                 |
| Email: stanwixruralpc@gmail.com                                                                      | Email:                                      |
| Signature:                                                                                           |                                             |
| Date: 15 April 2015                                                                                  |                                             |
| <input type="checkbox"/> Please indicate if you wish to be updated on the progress of the Local Plan |                                             |

## **PART TWO - YOUR REPRESENTATION**

Please use a separate form for each part of the Proposed Submission Draft Local Plan that you wish to comment on.

### **Q1. To which part of the document does this representation relate?**

|                                 |                                    |                                  |                                 |
|---------------------------------|------------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Policy | <input type="checkbox"/> Paragraph | <input type="checkbox"/> Chapter | <input type="checkbox"/> Figure |
|---------------------------------|------------------------------------|----------------------------------|---------------------------------|

**Please specify which Policy, Paragraph, Chapter or Figure you are referring to:**

### **Q2. Do you consider that the Local Plan is:**

#### **Legally Compliant?**

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

#### **Sound?**

|                              |                                                  |                             |
|------------------------------|--------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with minor changes | <input type="checkbox"/> No |
|------------------------------|--------------------------------------------------|-----------------------------|

### **Q3. If you consider the Local Plan is unsound, is it because it is not:**

- ☐ Positively Prepared?
- ☐ Justified?
- ☐ Effective?
- ☐ Consistent with National Policy?

### **Q4. Please give details of why you consider the Local Plan 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 Local Plan, please also use this box to set out your representation.**

Please note that your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation. 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.

**Q5. Please set out what change(s) you consider necessary to make the Local Plan legally compliant or sound, having regard to the test you have identified at Q3 above where this relates to soundness. You will need to say why this change 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:**

**Q6. Do you wish to make any comments on the supporting documents, such as the Sustainability Appraisal, Habitats Regulations Assessment, Infrastructure Delivery Plan or evidence base?**

I attach for you the Parish Council response to the second stage consultation as we would like to reiterate the comments made at that time, with particular concerns remaining that document is overly urban centric.

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**Q7. If your representation is seeking a change; do you consider it necessary to participate in the hearing sessions of the examination?**

- ☒ **No, I do not wish to participate at the hearing sessions of the examination**  
☐ **Yes, I wish to participate at the hearing sessions of the examination**

**Q8. If you wish to participate, please outline why you consider this to be necessary:**

**Please note it will be at the discretion of the Inspector to determine the content of the hearing sessions and who will be heard.**

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**Thank you for your time to complete and return this Representation form.  
Please keep a copy for future reference.**