



**Colchester Focused Local Plan Review  
Post-Hearings Modifications Consultation**

The Local Plan Focused Review was submitted to the Planning Inspectorate on 31 October 2013. A number of modifications are considered necessary to make the Focused Review document sound and legally compliant and current options for these are now subject to a period of formal public consultation.

**The modifications are subject to public consultation from 12 noon on Monday 17 February until 12 noon on Monday 31 March 2014.**

**Contact Details**

Title: .....	Name: .....
Organisation (if relevant): .....	SCHRODER UK PROPERTY TRUST
Address: .....	C/O AGENT
.....	
Post Code: .....	
Telephone No: .....	
Email: .....	

**Agent Details (if applicable)**

Agent's Name: .....	NEIL WATERSON (BIDWELLS)
Job Title: .....	SENIOR PLANNING ASSOCIATE
Address: .....	BIDWELL HOUSE, TRUMPINGTON ROAD
	CAMBRIDGE
Post Code: .....	CB2 9LD
Telephone No: .....	01223 559368
Email: .....	neil.watson@bidwells.co.uk

**1. Do you wish to be informed of the Inspector's Recommendations?**

Yes  No

**2. Do you wish to be informed of the adoption of the Focused Review?**

Yes  No

**4. Do you have any comments on the Post-Hearing Modifications, taking into consideration paragraph 182 of the National Planning Policy Framework which sets out the tests of 'soundness':**

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| Positively prepared             | <input type="checkbox"/>            |
| Justified                       | <input checked="" type="checkbox"/> |
| Effective                       | <input type="checkbox"/>            |
| Consistent with national policy | <input checked="" type="checkbox"/> |

Please make clear what modification(s) you are referring to (policy/paragraph)

PLEASE REFER TO ATTACHED STATEMENT.

**5. Do you have any other comments in relation to the post-hearing modifications? Please note – comments should only be made in relation to the modifications proposed in the consultation schedule published.**

PLEASE REFER TO ATTACHED STATEMENT.

*Continue on a separate sheet if necessary*

Signature.....*N. M. Walker*.....Date.....*31/04/14*.....

*I understand that my full response will be considered by Colchester Borough Council and the Planning Inspectorate in line with this consultation and that my comments will be made publicly available and identifiable to my name and/or organisation. The information in this form is, to the best of my knowledge, correct.*

Thank you for completing this representation form. Your response will be sent to an Independent Examiner appointed by the Planning Inspectorate who will consider it as part of the Local Plan Focused Review Examination.

Representation forms should be returned before **12 noon on Monday 31 March 2014** to [planning.policy@colchester.gov.uk](mailto:planning.policy@colchester.gov.uk), or alternatively via post to:

**Spatial Policy, Commercial Services, Colchester Borough Council,  
FREEPOST RL5L-ZTSR-SGYA, Colchester, Essex, CO3 3WG.**

If you have any queries or questions about the post-hearings modifications consultation, or any aspect of the Local Plan Focused Review Examination please contact the Spatial Policy Team on 01206 282473 / 282476 / 282596 / 282480 or alternatively email [planning.policy@colchester.gov.uk](mailto:planning.policy@colchester.gov.uk).



## MONITORING QUESTIONS

The following questions are optional and will help us ensure that we are including all sectors of the community. All information collected with regards to ethnicity, age and gender will be separated from your comments and will only be used by the Council for monitoring purposes.

Please tick those boxes relevant.

Postcode: ..... CB2 9LD .....

### Age

- |         |                                     |
|---------|-------------------------------------|
| 0 – 19  | <input type="checkbox"/>            |
| 20 – 39 | <input checked="" type="checkbox"/> |
| 40 – 59 | <input type="checkbox"/>            |
| 60 – 79 | <input type="checkbox"/>            |
| 80+     | <input type="checkbox"/>            |

### Gender

- |        |                                     |
|--------|-------------------------------------|
| Male   | <input checked="" type="checkbox"/> |
| Female | <input type="checkbox"/>            |

### Ethnic Group

- |                        |                                     |
|------------------------|-------------------------------------|
| Asian or Asian British | <input type="checkbox"/>            |
| Black or Black British | <input type="checkbox"/>            |
| Chinese                | <input type="checkbox"/>            |
| Mixed                  | <input type="checkbox"/>            |
| White                  | <input checked="" type="checkbox"/> |
| Other Ethnic Group     | <input type="checkbox"/>            |

### Disability

Do you have a long-term illness, health problem or disability which limits your daily activities?

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

If you have any questions or enquiries about any element of the representation form then please feel free to contact a member of the Spatial Policy Team on 01206 282473 / 282476 / 282596 / 282480 or alternatively email [planning.policy@colchester.gov.uk](mailto:planning.policy@colchester.gov.uk)