



CAMBRIDGE LOCAL PLAN REDEPOSIT DRAFT OCTOBER 2004

Response Form for Supporting or Objecting to the Plan

Please use this form to set out your support or objection to any part of the Redeposit Draft Local Plan. Please read the Guidance Note first. **Please complete a separate form for each objection or supporting representation you wish to make.**

All responses must be received by **5.00pm on Monday 6th December 2004**. The City Council may not accept your representation if it is received later than this.

For further information or help with completing the form please contact Sara Cass in the Planning Policy team on - Telephone: 01223 457186, Fax: 01223 457109 or Email: policysurveys@cambridge.gov.uk

1. Your Details

Name

Organisation *(if any)*

Address

PostCode

DayTime Telephone Number

Email Address

2. Agent's Details (if applicable)

Agents Name

Company

Address

PostCode

DayTime Telephone Number

Email Address

3. Which policy or proposal are you commenting on? (only one per submission please)

Policy number

Paragraph number

Site proposal

Proposals map

Omission of policy

Other

4. Are you objecting or supporting?

Support

Object

5. If you are making an objection, would you prefer to give evidence in writing or to attend the Public Local Inquiry and give evidence verbally?

Written representation

Appear at inquiry

Note: Written and verbal representations carry equal weight. Only objectors have the right to appear at the Inquiry. Representatives or Agents may attend the Inquiry and present your case on your behalf.

6. If others have objected to the same policy or proposal would you be willing to present a joint case with them at the Inquiry?

Yes

No

7. Please state fully and clearly the reasons you are objecting or supporting this part of the plan.

8. If objecting to a policy or proposal, please indicate what change you are seeking to the plan which could resolve your objection.

9. Please provide a summary of your representation (sections 7 & 8 above) in less than 100 words.

Monitoring Information

It would help us if you could complete this section on monitoring and return it with your objections or representations of support. You only need to fill this form in once if you are sending back multiple copies of the Response Form. The following information is needed to help ensure that we are reaching a cross section of the local community.

Age

Under 18 18-24 24-44 45-60 60+

Sex

Male Female

Ethnicity

To which of these groups do you consider that you belong?

- | | | |
|----------|-------------------------------|---|
| A | White | British Irish Any Other White Background |
| B | Mixed | White and Black Caribbean White and Black African White and Asian Any Other Mixed Background |
| C | Asian or Asian British | Indian Pakistani Bangladeshi |

- | | | |
|----------|---|-----------------------------------|
| D | Black or Black British | Any Other Asian background |
| | | Caribbean |
| | | African |
| E | Chinese or Other Ethnic Background | Any other Black background |
| | | Chinese |
| | | Other |

Status

- | | | | |
|-----------------|----------------------------|-------------------------|----------------|
| Employed | Self-employed | Unemployed | Student |
| Retired | Physical disability | Other disability | |
-

If you would like to be informed of any other consultation carried out by the City Council on related matters please tick here.

Please note that all forms are available for public inspection and your details will be kept on a database.