


## Part 1 – Respondent Details

<b>1(a) Personal details</b>									
<b>Title</b>	Miss								
<b>First Name</b>	Aude								
<b>Last Name</b>	Pantel								
<b>Job Title (where relevant)</b>	Planning Policy Officer								
<b>Organisation (where relevant)</b>	Wycombe District Council								
<b>1(b) Agent details</b> <i>Only complete if an agent has been appointed</i>									
<b>Title</b>									
<b>First Name</b>									
<b>Last Name</b>									
<b>Job Title (where relevant)</b>									
<b>Organisation (where relevant)</b>									
<b>1(c) Contact address details</b> <i>If an agent has been appointed please give their contact details</i>									
<b>Address Line 1</b>	Council Offices								
<b>Line 2</b>	Queen Victoria Road								
<b>Line 3</b>									
<b>Line 4</b>	High Wycombe								
<b>Postcode</b>	HP11 1BB								
<b>Telephone No.</b>									
<b>Email address</b>	aude_pantel@wycombe.gov.uk								
<b>Are you writing as</b>	<table border="0"> <tr> <td><input type="checkbox"/> A resident</td> <td><input type="checkbox"/> A parish council</td> </tr> <tr> <td><input type="checkbox"/> A local business</td> <td><input checked="" type="checkbox"/> A district council</td> </tr> <tr> <td><input type="checkbox"/> Minerals industry</td> <td><input type="checkbox"/> A county council</td> </tr> <tr> <td><input type="checkbox"/> Waste industry</td> <td><input type="checkbox"/> Other (please specify)</td> </tr> </table>	<input type="checkbox"/> A resident	<input type="checkbox"/> A parish council	<input type="checkbox"/> A local business	<input checked="" type="checkbox"/> A district council	<input type="checkbox"/> Minerals industry	<input type="checkbox"/> A county council	<input type="checkbox"/> Waste industry	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> A resident	<input type="checkbox"/> A parish council								
<input type="checkbox"/> A local business	<input checked="" type="checkbox"/> A district council								
<input type="checkbox"/> Minerals industry	<input type="checkbox"/> A county council								
<input type="checkbox"/> Waste industry	<input type="checkbox"/> Other (please specify)								

<b>Please tick the appropriate boxes if you wish to be notified of any of the following:</b>	
That the Oxfordshire Minerals & Waste Core Strategy has been submitted for independent examination	x
Publication of the Inspector's report and recommendations	x
Adoption of the Oxfordshire Minerals and Waste Core Strategy	x

<b>Please sign and date the form:</b>			
<b>Signature:</b>		<b>Date:</b> 29.09.15	

## Part 2 – Representation

Please complete this part (Part 2) of the form separately for each separate representation you wish to make.

You can find an explanation of the terms used below in the accompanying guidance on making representations.

### 2(a) State which part of the Oxfordshire Minerals and Waste Local Plan Core Strategy you are making a representation about

Part or policy no. or paragraph

### 2(b) Do you consider the Oxfordshire Minerals and Waste Local Plan Core Strategy is: (tick as appropriate)

(i) Legally compliant?       Yes                       No

(ii) Sound?                       Yes                       No

If you have answered **No** to question 2(b)(ii), please continue to question 2(c). In all other cases, please go to question 2(d).

### 2(c) Do you consider the Oxfordshire Minerals and Waste Core Strategy is unsound because it is not: (tick as appropriate)

(i) Positively prepared                     

(ii) Justified                     

(iii) Effective                     

(iv) Consistent with national policy                     

On the following pages, please set out why you think the Minerals and Waste Local Plan Core Strategy is legally non-compliant and/or unsound and any changes you are suggesting should be made to it that would make it legally compliant or sound.

**Please note** your representation should include as succinctly as possible all the information and evidence necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity to make further representations based on your representation at this stage. 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.

**2(d) Please give details of why you consider the Oxfordshire Minerals and Waste Local Plan Core Strategy is not legally compliant or is unsound. Please be as precise as possible.**

**If you agree that the Oxfordshire Minerals and Waste Local Plan Core Strategy is legally compliant and/or sound and wish to support this, please also use this box to set out your comments.**

Wycombe District Council has reviewed the consultation document and has no detailed comments to make.

The consultation document clearly sets out the strategic issues the plan needs to address. We support the aims of the Core Strategy to meet the County's Minerals and Waste needs over the plan period, and in particular welcome the aim for self-sufficiency in terms of waste planning.

Continue on a separate sheet or expand the box if necessary

**2(e) Please set out the changes(s) you consider necessary to make the Oxfordshire Minerals and Waste Local Plan Core Strategy legally compliant or sound, having regard to the reason you have identified at 2(c) above where this relates to soundness. You should say why this change will make the Core Strategy 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.**

Continue on a separate sheet or expand the box if necessary.

**2(f) Written representations or oral hearing**

If your representation is seeking a change to the Oxfordshire Minerals and Waste Local Plan Core Strategy, do you consider it necessary to participate at the oral hearing part of the examination? (*tick box below as appropriate*)

<b>No</b> , I wish to communicate through written representations	
<b>Yes</b> , I wish to participate at the oral hearing part of the examination (go to 2(g))	

***Please note** the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated they wish to participate at the hearing part of the examination.*

<p><b>2(g) If you wish to participate at the hearing part of the examination, please outline why you consider this to be necessary.</b></p>
Large empty box for text input
<p>Continue on a separate sheet or expand the box if necessary</p>

Please complete Part 2 of the form separately for each separate representation you wish to make, and submit all the Parts 2s with one copy of Part 1 and Part 3.