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# Waste Management Development Plan Document Proposed Main Modifications – February 2017 Representation Form

| For Office Use only: |  |  |
|----------------------|--|--|
| Date                 |  |  |
| Ref                  |  |  |

The Council are seeking comments on the Proposed Main Modifications to the Waste Management, following the Examination in Public in 2016. The changes are proposed by the Council to address issues of legal compliance and soundness and we can only accept representations on these matters.

Comments on the Proposed Main Modifications Schedule are invited from **Wednesday 15<sup>th</sup> February 2017** until Wednesday 29<sup>th</sup> March 2017.

#### REPRESENTATIONS MUST ONLY RELATE TO THE PROPOSED MAIN MODIFICATIONS.

You can access the Waste Management DPD documents online and additional copies of this form from our website: <a href="www.bradford.gov.uk/planningpolicy">www.bradford.gov.uk/planningpolicy</a> then 'Waste Management DPD Proposed Main Modifications', or you may request copies by:

Emailing us at: <u>planning.policy@bradford.gov.uk</u>

Phoning us on: (01274) 433679

Completed representation forms must be returned to Development Plans, by the deadline below, by either:

• E-mail to: planning.policy@bradford.gov.uk

Post to: Waste Management DPD - Proposed Main Modifications

**Development Plans Group** 

City of Bradford Metropolitan District Council

4th Floor South - Britannia House

Hall Ings Bradford BD1 1HX

ALL COMMENTS MUST BE MADE IN WRITING AND SHOULD BE RECEIVED BY THE DEVELOPMENT PLAN GROUP AT EITHER OF THE ABOVE ADDRESSES NO LATER THAN 3PM ON WEDNESDAY 29<sup>TH</sup> March 2017.

#### Personal Details & Data Protection Act 1998

Regulation 22 of the Town & Country Planning (Local Development) (England) Regulations 2012 requires all representations received to be submitted to the Secretary of State. By completing this form you are giving your consent to the processing of personal data by the City of Bradford Metropolitan District Council and that any information received by the Council, including personal data may be put into the public domain, including on the Council's website. From the details above for you and your agent (if applicable) the Council will only publish your title, last name, organisation (if relevant) and town name or post code district. Please note that the Council cannot accept any anonymous comments.

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#### **PART A: PERSONAL DETAILS**

\* If an agent has been appointed, please complete only the Title, Name and Organisation in box 1 below and complete the full contact details of the agent in box 2.

|   | 1. YOUR DETAILS |                          | 2. AGENT DET        | AILS (IT app | licable) |
|---|-----------------|--------------------------|---------------------|--------------|----------|
| Title   |                 |                          |                     |              |          |
| First Name  |                 |                          |                     |              |          |
| Last Name   |                 |                          |                     |              |          |
| Job Title<br>(where relevant to this<br>representation)                                 |                 |                          |                     |              |          |
| Organisation<br>(where relevant to this<br>representation)                              |                 |                          |                     |              |          |
| Address Line 1  |                 |                          |                     |              |          |
| Line 2  |                 |                          |                     |              |          |
| Line 3  |                 |                          |                     |              |          |
| Line 4  |                 |                          |                     |              |          |
| Post Code   |                 |                          |                     |              |          |
| Telephone Number  |                 |                          |                     |              |          |
| Email Address   |                 |                          |                     |              |          |
|   |                 |                          | 7                   |              |          |
| Signature:  |                 |                          | Date:               |              |          |
| 3. Please let us know if you wish to be notified of the following:                      |                 |                          |                     |              |          |
| The publication of the Inspector's Report?  |                 | Yes                      |                     | No           |          |
| The adoption of the Waste Management DPD?   |                 | Yes                      |                     | No           |          |
|   |                 |                          |                     |              |          |
| Are you attaching any additional sheets / documents that relate to this representation? |                 | Yes                      |                     | No           |          |
|   |                 | No of sheet<br>documents | ts /<br>submitted : |              | •        |
|   |                 |                          |                     |              |          |

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| PART B – YOUR REPRESENTATION - Please use a separate sheet for each representation.  (Additional Part B forms can be downloaded from the web page)   |                    |   |                    |  |  |
|--|--------------------|---|--------------------|--|--|
| 4. To which proposed main modification does this representation relate?  |                    |   |                    |  |  |
| Proposed Main Modification number:   |                    |   |                    |  |  |
| 5. Do support or object the p  | proposed main mod  | ification?  |                    |  |  |
| Support  |                    | Object  |                    |  |  |
| 6. Do you consider the propo   | osed main modifica | tion to be 'legally compliant'?   |                    |  |  |
| Yes  |                    | No  |                    |  |  |
| 7. Do you consider the propo   | osed main modifica | tion to be 'sound'?   |                    |  |  |
| Yes  |                    | No – 'unsound'  |                    |  |  |
| 8. If you consider the propo soundness your comme  |                    | ion to be 'unsound', please identify w  | hich test of       |  |  |
| Positively prepared  |                    | Justified   |                    |  |  |
| Effective  |                    | Consistent with National Planning Policy (the NPPF / NPPW)                          |                    |  |  |
|  |                    | proposed main modification is <u>not le</u><br>proposed. Please be as precise as po |                    |  |  |
| If you wish to support th  | e proposed main m  | odification please use this box to set  | out your comments. |  |  |
| (Please note: Your representation should cover succinctly all the information, evidence and supporting information necessary to support / justify the representation and the suggested change. It is important that your representation relates to the proposed main modifications). |                    |   |                    |  |  |
|  |                    |   |                    |  |  |
|  |                    |   |                    |  |  |
|  |                    |   |                    |  |  |
|  |                    |   |                    |  |  |
|  |                    |   |                    |  |  |
|  |                    |   |                    |  |  |
|  |                    |   |                    |  |  |

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| 10. | <ol> <li>Please set out what changes you consider necessary to make the proposed main modification<br/>legally compliant or sound, having regard to the test you have identified at Q7 above.</li> </ol> |  |   |  |  |
|-----|--|--|---|--|--|
|     | sound. It will   |  | make the proposed main modifica<br>to put forward your suggested re<br>ble. |  |  |
|     |  |  |   |  |  |
|     |  |  |   |  |  |
|     |  |  |   |  |  |
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|     |  |  |   |  |  |
|     |  |  |   |  |  |
|     |  |  |   |  |  |
| 11. | Signature:   |  | Date:   |  |  |

Thank you for taking the time to complete this Representation Form.