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Core Strategy Development Plan Document

Regulation 20 of the Town & Country (Local Development) (England) Regulations 2012.

Publication Draft - Representation Form

PART A: PERSONAL DETAILS

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

| | 1. YOUR DETAILS* | 2. AGENT DETAILS (if applicable) |
|----------------------------------|------------------------|----------------------------------|
| Title | Mrs | |
| First Name | | |
| Last Name | Hanson | |
| Job Title (where relevant) | | |
| Organisation (where relevant) | Menston Parish Council | |
| Address Line 1 | | |
| Line 2 | Bingley | |
| Line 3 | | |
| Line 4 | | |
| Post Code | BD16 | |
| Telephone Number | | |
| Email Address | | |
| Signature: | | Date: 26 March 2014 |

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 B - YOUR REPRESENTATION - Please use a separate sheet for each representation.

| 3. To which part | of the Plan does | this representation re | late? | | |
|--------------------|---------------------|------------------------|-------|--------|-----|
| Section | 3 | Paragraph | В3 | Policy | SC5 |
| 4. Do you consid | er the Plan is: | | | | |
| 4 (1). Legally com | pliant | Yes | | No | |
| 4 (2). Sound | | Yes | | No | Х |
| 4 (3). Complies wi | th the Duty to co-c | perate Yes | | No | |

5. Please give details of why you consider the Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please refer to the guidance note and be as precise as possible. If you wish to support the legal compliance, soundness of the Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

We note that these standards are so simplistic that they give no clue to the real access requirements available to communities. They do not take into account the local infrastructure endured by public transport or the relevance of the destinations of such transport to the facilities they are supposed to access. Further bus timetables may be half hourly in some parts of the day and only hourly for what may be the majority of the day. Does this meet adequate access standards for "Local Service Areas" we think not.

As an example from Menston, a designated "Local Service Area" and indeed for much of Lower Wharfedale, the 10 mile bus route has a twice hourly timetable into Leeds City Centre morning and evening along a gridlocked A65. For the rest of the day the service is hourly. As the route for most of its length does not, and because of geographical constraints never will have, have bus lanes it is no quicker than a car. The irrelevance of such an access statement is compounded by the employment sites for most of the residents of Wharfedale are away from any accessible bus routes from Menston. This is also true for Hospitals none of which, since the closure of the A and E in Otley some years ago, when the new hospital was built, can be directly or easily accessed by public transport within an hour again from Menston, if one was optimistic.

We conclude therefore the Access Standard as stated will give a false impression of accessibility for Menston residents ,and most probably many other village in the District, to particularly employment, primary health facilities, which we take to be A & E and General Hospital facilities, and definitely education outside the valley.

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| 6. | Please set out what modification(s) you consider necessary to make the Plan legally compliant or |
|----|--|
| | sound, having regard to the test you have identified at question 5 above where this relates to the |
| | soundness. (N.B Please note that any non-compliance with the duty to co-operate is incapable of |
| | modification at examination). |

You will need to say why this modification will make the 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.

| misleadin | andards should be completely redrafted from their ig and false guidelines to a form that properly recog r a community. | |
|---|---|--|
| necessary subsequent Please be a After this sand issues 7. If your re | The your representation should cover succinctly all the information to support/justify the representation and the suggested change, the opportunity to make further representations based on the original precise as possible. Stage, further submissions will be only at the request of the she/she identifies for examination. Expresentation is seeking a modification to the Plan, do you | as there will not normally be a inal representation at publication stage. Inspector, based on the matters |
| at the | No, I do not wish to participate at the oral examination | |
| Yes | Yes, I wish to participate at the oral examination | |
| 8. If you w | ish to participate at the oral part of the examination, please sary: | outline why you consider this to be |
| | ng local knowledge to support our arguments | o adopt when considering to hear |
| | e the Inspector will determine the most appropriate procedure t have indicated that they wish to participate at the oral part of the | |
| | | |

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PART C: EQUALITY AND DIVERSITY MONITORING FORM

Bradford Council would like to find out the views of groups in the local community. Please help us to do this by filling in the form below. It will be separated from your representation above and will not be used for any purpose other than monitoring.

| used for any purpose other than monitoring. | |
|---|---|
| Please place an 'X' in the appropriate boxes. | |
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