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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	WALKER	
Job Title (where relevant)		
Organisation (where relevant)		
Address Line 1		
Line 2		
Line 3		
Line 4	West Yorkshire	
Post Code	WF12	
Telephone Number		
Email Address		

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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	For Office Use only:	
Date		
Ref		

4 (1). Legally compliant Yes No	3. 7	To which part of the Plan does this representation relate?		4			
4 (2). Sound Yes No No No No No No No No No N	Sec	ction Paragraph	Policy				
4 (2). Sound Yes No No No No No No No No No N	4. E	Do you consider the Plan is:					
4 (3). Complies with the Duty to co-operate Yes No No 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. SOUND As a member of a local riding school I have serious concerns that issues related to increased traffic generated by the proposed development will affect the recreational activities of horse riders and other organisations using this area for social and recreational pursuits. The roads are narrow and unsuitable to handle increased traffic movements. The effect of the destruction of Green Belt has not been viewed as a concern or even an issue in the papers I have read. I am not satisfied that the care of Green Belt has been considered adequately and that the subsequent depletion of the green areas between Bradford and Leeds suggested by this plan are contrary to maintaining green areas and will act as a catalyst for urban sprawl. The whole development area proposed by this incursion into the Green Belt will affect a large number of people who use the area as intended "to breathe in green space".	4 (1	1). Legally compliant Yes	No				
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Proposed development will restrict the access to Public Bridleways.		number of people who use the area as intended "to breath	e in green space".				
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DUTY TO COOPERATE

I cannot see any information in the files viewed that in depth consultation has taken place between Bradford and Leeds Authorities to agree safeguarding of the green belt or the effect of the two areas merging in terms of manmade development.

Flood issues are a problem in Fulneck and Troydale valley already and top water from the proposed development can only worsen the situation. As a member of a horse-riding group that has to

negotiate a ford across the stream in Fulneck valley I have specific concerns regarding the increase water flows and the health and safety aspects associated with it.

I cannot see any details in the Plan/documents where cooperation with Water Authorities has been carried out or any assessment of risks that increase water flow levels would bring.

 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.

The whole plan should be reviewed and appropriate consultations take place. Review of Green Belt policy should be made and applied to this Development Plan.

Information from associated agencies including Water Authority and adjacent Local Councils should be evidenced within the documentation.

Please note your representation should cover succinctly all the information, evidence and supporting information 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 the original representation at publication stage.

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Please be as precise as possible.

After this stage, further submissions will be only at the request of the Inspector, based on the matters

	epresentation is seeking a modification to the Plan, do you oral part of the examination?	consider it necessary to participate
NO	No, I do not wish to participate at the oral examination	
	Yes, I wish to participate at the oral examination	
necess	sh to participate at the oral part of the examination, please ary:	outline why you consider this to be
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necess	ary:	adopt when considering to hear

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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.

Please place an 'X' in the appropriate boxes.

•	N.	11
Yes	No	I have an interest
2. Gender:		
Male	Female	Transgender
3. Age:		
16 or under	36 to 45 years	65 years +
16 to 25 years	46 to 55 years	
26 to 35 years	56 to 65 years	
4. Do you consider yourself to	have a disability?	- 10
No	Mental Health Issue	Hearing Loss
Physical Disability	Sight Loss	Deaf
Learning Disability	Blind	Other substantial and long term condition
5. Ethnic Origin:		
White English / Welsh / Scottish / Northern Ireland / British	Mixed Other	Black or Black British Other
White Irish	Asian or Asian British Indian	Chinese
White Eastern European	Asian or Asian British Pakistani	Arab
White Other	Asian or Asian British Kashmiri	Other
Mixed White / Black Caribbean	Asian or Asian British Other	Don't Know
Mixed White / Black African	Black or Black British Caribbean	Gypsy or Traveller
Mixed White / Black Asian	Black or Black British African	
6. Religion:		
No religion	Hindu	Sikh
Christian	Jewish	Other
Buddhist	Muslim	
7. Which of the following best of	lescribes how you think of yours	elf?
Heterosexual / Straight	Gay	Lesbian
Bisexual	Other	
8. Equality Monitoring		