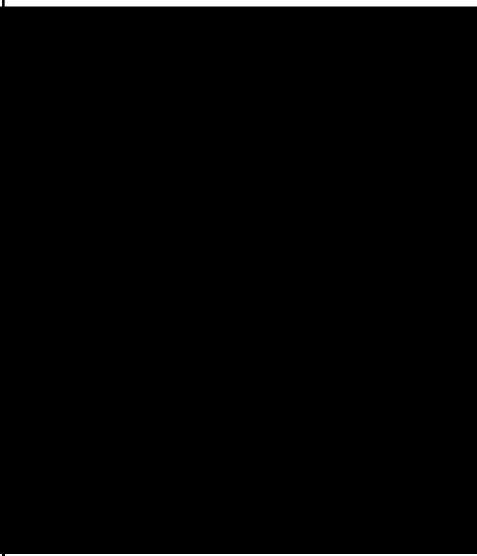


Title(*):	Mr
First Name(*):	TERENCE
Job Title: (where relevant)	
Organisation: (where relevant)	
Address(*)	
Postcode(*):	
Telephone number(*):	
Email Address(*):	
Agent's details: (if applicable)  Include name, address, contact number and email	

To which part of the Core Strategy Review does this representation relate? (Delete as appropriate)(*)	Policies / Policies Map
Please use the space below to tell us specifically where the representation relates to (a policy, the policies map or other text). Do not use this space to make your comments as this is required further down the form.(*)	
SPONDON WOOD	
Do you consider the Core Strategy Review is Legally Compliant? (*) (Delete as appropriate)	NOT QUALIFIED TO COMMENT
Do you consider the Core Strategy Review is sound?(*): (Delete as appropriate)	NOT QUALIFIED TO COMMENT
Do you consider the Core Strategy Review complies with the duty to cooperate? (*) (Delete as appropriate):	NOT QUALIFIED TO COMMENT

Please give details of why you consider the Erewash Core Strategy Review is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible. If you wish to support the legal compliance or soundness of the Core Strategy Review or its compliance with the duty to co-operate, please also use this space to set out your comments.

NOT QUALIFIED TO COMMENT

Please set out the modification(s) you consider necessary to make the Core Strategy Review legally compliant and sound, in respect of any legal compliance or soundness matters you have identified above. (Please note that non-compliance with the duty to cooperate is incapable of modification at examination). You will need to say why each modification will make the Core Strategy Review 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 PROPOSAL OF BUIDLING ON THIS GREENBELT LAND WILL PLACE IMMENSE PRESSURE ON SPONDONS INFRASTRUCTURE (SCHOOLING/DENTIST/DOCTORS/TRAFFIC CONGESTION/POLLUTION) WITH NO BENEFITS TO/FOR THE RESIDENTS OF DERBY CITY.

Please note in your representation you should provide succinctly all the evidence and supporting information necessary to support your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions. After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he or she identifies for examination.

If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?(\*) (Delete as appropriate)

No, I do not wish to participate in hearing session(s)

Yes, I wish to participate in hearing session(s)

Please note that while this will provide an initial indication of your wish to participate in hearing session(s), you may be asked at a later point to confirm your request to participate. If you wish to participate in the hearing session(s), please outline why you consider this to be necessary: