

SADPD PSV Representation Form (Reg 19 Stage)



Ref: _____
(for official use only)

Name of the document (DPD) to which this representation relates:

Lambeth Site Allocations Development Plan Proposed Submission Version January 2024 (SADPD PSV) and associated Proposed Changes to the Policies Map 2024 (PCPM)

Please return to: sadpd@lambeth.gov.uk or by post: Lambeth Council, Planning Policy and Place Shaping, PO Box 80771, London SW2 9QQ

by **5.00pm on Friday 3rd May 2024**

Please read the accompanying Guidance Note and Privacy Notice before completing the representation form or submitting your comments

This form has two parts –

Part A – Personal details (please see applicable privacy notices in the accompanying guidance note)

Part B – Your representation(s). Please fill in a separate sheet for each part of the SADPD PSV or associated PCPM you wish to make a representation about.

Part A

1. Personal details*

2. Agent's details (if applicable)

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

Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Job title [†]	<input type="text"/>	<input type="text"/>
Organisation [†]	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Email [†]	<input type="text"/>	<input type="text"/>

[†] Where relevant

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Part B – please use a separate sheet for each representation

3. To which part of the SADPD PSV or associated PCPM does this representation relate? *(identify specific reference if possible)*

Site Allocation Section Policies Map

4. Do you consider the part of the SADPD PSV or associated PCPM that you identified in Q3 is:

(please tick)

4.1 Legally compliant

Yes

No

4.2 Sound[^]

Yes

No

4.3 Complies with the Duty to co-operate

Yes

No

[^] *The considerations in relation to being 'sound' are explained in the notes at the back of this form. If*

you have ticked 'No' to 4.2, please continue to Q5. Otherwise please go to Q6.

5. Do you consider the part of the SADPD PSV or associated PCPM that you identified in Q3 is unsound because it is not:

(please tick)

5.1 Positively prepared

5.2 Justified

5.3 Effective

5.4 Consistent with national policy

(Please tick only one option. A separate form should be used if you wish to raise more than one concern.)

6. Please give details of why you consider the part of the SADPD PSV or associated PCPM that you identified in Q3 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 SADPD PSV or associated PCPM or their compliance with the duty to co-operate, please also use this box to set out your comments and then go to Q9.

(if required continue on the additional comments page attached)

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7. Please set out what change(s) you consider necessary to make the part of the SADPD PSV or associated PCPM that you identified in Q3 legally compliant or sound, having regard to the test you have identified in Q5 above where this relates to soundness. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination.) You will need to say why this change will make the part of the SADPD PSV or associated PCPM that you identified in Q3 legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of this part of policy or text. Please be as precise as possible.

(if required continue on the additional comments page attached)

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

After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he/she identifies for examination.

8. If your representation is seeking a change to the SADPD PSV or associated PCPM, do you consider it necessary to participate at the oral part of the examination?

No I do not wish to participate at the oral examination

Yes I do wish to participate at the oral examination

Please note that while this will provide an initial indication of your wish to participate in hearing sessions(s), you may be asked at a later point to confirm your request to participate. If you have selected 'No', your representation(s) will still be considered by the independent Planning Inspector by way of written representations.

9. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:

(if required continue on the additional comments page attached)

Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the examination. You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.

10. Please tick relevant boxes if you require notification of any of the following to your address stated in Part A:

That the SADPD PSV and associated PCPM have been submitted for independent examination

The publication of the inspector's recommendations following the independent examination

The adoption of the SADPD and revised Policies Map.

Signature

Date

Please use this section for any additional/continued comments

A large, empty rectangular box with a thin black border, occupying most of the page below the instruction. It is intended for the user to provide additional or continued comments.

SADPD Proposed Submission Version (Reg 19) Representation - Equalities Monitoring

To make sure we are providing fair services to all of Lambeth's diverse communities, and meeting the needs of different groups, it is important that we ask you a few questions about yourself.

You are under no obligation to provide the information requested, but it would help us greatly if you did. The information will be used to help us plan services that meet the needs of all service users.

Responses will be kept confidential, and any information published will be made anonymous. No information that can identify you, your home or your household will be passed to any other organisations without asking you first.

What is your sex?

Male

Female

Prefer to self-describe, please specify

Prefer not to say

Do you identify, or have you ever identified, as trans?

Yes

No

Prefer not to say

Which best describes your sexual orientation?

Heterosexual/straight

Gay

Lesbian

Bi

Prefer to self-describe, please specify

Prefer not to say

Don't know

Which age group applies to you?

Under 18

18-24

25-34

35-44

45-54

55-64

65-74

75-84

85+

Prefer not to say

If you have a disability or long term health condition: Which of the following best describes the nature of your impairment or health issue?

Registered blind or visual impairments uncorrected by glasses

Physical impairments

Deaf/ sign language user

Hard of hearing/ Hearing loss

Mental health issues

Learning difficulties

Neurodiverse (e.g. Autism, Dyslexia)

Long term health conditions

An impairment or medical condition that is not listed above, please specify

Prefer not to say

What is your race or ethnic group?

Asian or Asian British

Asian or Asian British - Chinese

Asian or Asian British - Bangladeshi

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Any other Asian background, Please specify

Black or Black British

Black or Black British - African

Black or Black British - Caribbean

Any other Black / African / Caribbean background, please specify

Mixed / multiple ethnic groups

Asian or Asian British and white

Black or Black British (African) and white

Black or Black British (Caribbean) and white

Any other Mixed / multiple ethnic background, please specify

Other ethnic group

Arab or Arab British

Latin American/ Latinx or Latin American and British

Any other ethnic group, please specify

White

English / Welsh / Scottish / Northern Irish / British

Irish

Gypsy or Irish Traveller

Portuguese

Polish

Any other White background, please specify

Prefer not to say

What is your first language?

English

Spanish

Portuguese

French

Italian

Polish

Arabic

Turkish

Yoruba

Twi

Somali

Bengali

Urdu

Other, please specify.....

Prefer not to say
