



London Borough of Lewisham Local Development Framework

Lewisham Town Centre Area Action Plan Development Plan Document (DPD)

Proposed Submission Stage Representation Form

Ref:

For official use only

**Please return your completed form to the London Borough of Lewisham by 5pm
Monday 23 April 2012**

- By post to
Planning Service
London Borough of Lewisham
5th Floor, Laurence House
1 Calford Road
London SE6 4RU

or

- By e-mail to planning.policy@lewisham.gov.uk

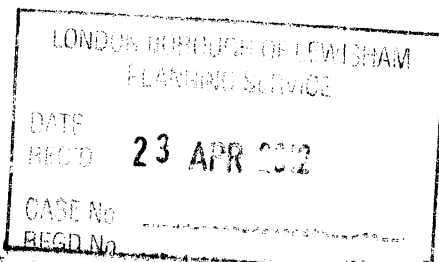
You may also make your representation online without the need to use this form.

- Online at <http://lewisham-consult.objective.co.uk/portal>

For further information, or to request extra representation forms please phone
020 8314 7400 or e-mail planning.policy@lewisham.gov.uk.

This form has two parts
Part A – Personal Details
Part B – Your representation(s).

Please fill in a separate sheet (Part B) for each representation you wish to make.



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 MR

First Name CLIVE

Last Name NARRAINEN

Job Title
(where relevant) _____

Organisation
(where relevant) _____

Address Line 1 143 NAILSWORTH CRESCENT

Line 2 MERTHAM

Line 3 REDHILL

Line 4 _____

Post Code RH1 3JE

Telephone
Number _____

E-mail Address
(where relevant) _____

Part B – Please use a separate sheet for each representation

Name or Organisation : **MR C NARRAINEN**

3. To which part of the Area Action Plan does this representation relate?

Paragraph 5.2 Policy _____ Proposals Map _____

4. Do you consider the Area Action Plan is:

4.(1) Legally compliant Yes No

4.(2) Sound* Yes No

**The considerations in relation to the DPD being 'Sound' are explained in the notes which accompany this form*

*If you have entered No to 4.(2), please continue to Q5.
In all other circumstances, please go to Q6.*

5. Do you consider the Area Action Plan is **unsound** because it is not:

(1) Justified

(2) Effective

(3) Consistent with national policy

6. Please give details of why you consider the DPD is not legally compliant or is unsound. Please be as precise as possible.

If you wish to support the legal compliance or soundness of the DPD, please also use this box to set out your comments. (Continue on a separate sheet /expand box if necessary)

7. Please set out what change(s) you consider necessary to make the DPD legally compliant or sound, having regard to the test you have identified at point 5 above where this relates to soundness. You will need to say why this change will make the DPD 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.

(Continue on a separate sheet/expand box if necessary)

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 this stage.

After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues he/she identifies for examination.

8. If your representation is seeking a change, 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 wish to participate at the oral examination

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

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.

Signature: C Narayan

Date: 20/4/2012