ANNEX B – Response Pro-forma
Name: HELEN MORAN
Address: 7 Milburn Avenue, Cookstown, BT80 8BU
Original Representation Reference Number: MUDPS (for administrative use only)
Please tick the applicable box below.
a) I confirm that I wish for my original representation to be considered as my representation.
b) I confirm that I wish to amend or add to my original representation.
c) I confirm that I wish for my original representation to be withdrawn and that I no longer wish to make a representation.
Signature:
Date: /6/3/2020.
If you require assistance when completing the above, please contact developmentplan@midulstercouncil.org

Please ensure you return this completed Pro forma (along with any additional documents if you have ticked [b)] above) to Development Plan Team, Planning Department, Mid Ulster District Council, 50 Ballyronan Road, Magherafelt, BT45 6EN, by 5pm on 21st May 2020.

Planning Office RECEIVED

0 4 MAR 2019

File No.... Mid Ulster District Council

Submission of a Representation to Mid Ulster District Council Local Development Plan 2030 - Draft Plan Strategy

	Comhairle Ceantair Lár Uladh Mid Ulster District Council
6	District Council

Local Development Plan

Representation Form

Draft Plan Strategy

Ref:

Date Received:

(For official use only)

Name of the Development Plan Document (DPD) to which this representation relates

LOCAL DEUELOPMENT PLAN 2030

Representations must be submitted by 4pm on 19th April 2019 to:

Mid Ulster District Council Planning Department 50 Ballyronan Road Magherafelt BT45 6EN

Or by email to developmentplan@midulstercouncil.org

Please complete separate form for each representation.

SECTION A

1. Personal Deta	ils	2. Agent Details (if applicable)
Title	MRS.	
First Name	HELEN	
Last Name	MORAN	
Job Title (where relevant)		
Organisation (where relevant)		
		NOTE: ASSISTANCE IN
		PREJENTING THE DETAILS
		PERUDED BY CML. PERERT COLUM 1
		PERETT COLUN 1
		W CAPACITY AT ACTUAL

Address Line 1	7 MILBURN AU	
Line 2	COOKS TOWN	,
Line 3	COOKS TOWN	
Line 4		
Post Code	BT80 8B4.	
Telephone Number		
E-mail Address		
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SECTION B		
the issues you ra	ise. You will only be able to	will help the independent examiner understand submit further additional information to the Examiner invites you to do so.
3. To which part	of the DPD does your repres	entation relate?
(i)	Paragraph	4.29 pg 41/ TABLE Z pg 37
(ii)	Objective	CROWTH STRATECY & SPATIAL PLANNING TRANSWORK
(iii)	Growth Strategy/	PLANNING REALINEWORK
	Spatial Planning Framework	
(iv)	Policy	
(v)	Proposals Map	ş
(vi)	Site Location	
4(a). Do you con	sider the development plan o	document (DPD) is:
Sou	und 🔽	Unsound

4(b). If you consider the DPD to be unsound, please identify which test(s) of soundness your representation relates, having regard to Development Plan Practice Note 6 (available on the Planning Portal Website at https://www.planningni.gov.uk/index/advice/practice-notes/development_plan_practice_note_06_soundness_version_2_may_2017_-2a.pdf.pdf).

	1		
Soundness Test No.			

5. Please give details of why you consider the DPD to be unsound having regard to the test(s) you have identified above. Please be as precise as possible.

If you consider the DPD to be sound and wish to support the DPD, please set out your comments below:

CONTRACT WITH THE PRINCIPLES SET BUT WOUND LIKE TO HAVE SEEN MAP SETTLEMENT LIMIT FOR TSUYWICKAN ENCrosED (DESCRIBED AT A SMALL SETTLEMENT) DERNED. AS THE OWNER OF LANDS IN THE VACINITY OF TUNYWICEAN IT WOULD PRUIDE CLARITY FOR BOTHITAL USE OF MY LAND, AND BOTH BUE DISPOSAL EX DEVELOPMENT, I NOTE THAT THE DRAFT PLAN RECOGNISTES THE POTENTIAL FEL SMAN HOUSING DEVELOPMENTS M & WOLLY PROVIET CLARITY
TO WHEN THE SETTLEMENT WINT

(If not submitting online and additional space is required, please continue on a separate sheet)

6. If you consider the DPD to be unsound consider necessary to make the DPD so	d, please provide details of what change(s) you und.
information, evidence, and any supporting submission. There will not be a subseque on your original representation. After this	be submitted in full and cover succinctly all the ng information necessary to support/justify your ent opportunity to make a further submission based is stage, further submissions will only be at the used on the matters and issues he/she identifies at
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*, 9 ,	
*	
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(If not submitting online and additional space is re	equired, please continue on a separate sheet)
(i) Not submitting online and additional space is re	quired, prease continue on a separate sheety
7. If you are seeking a change to the DP representation to be dealt with by:	D, please indicate if you would like your
Written Representation	Oral Hearing
	ect the independent examiner to give the same tations as to those representations dealt with by ora
	the state of the
Signature:	Date: IST MARCH ZOIG

