## **Christine Whyte**

From: Steve Simms <steve.simms@ssaplanning.co.uk>

**Sent:** 14 September 2015 15:21

To: Local Plan

**Subject:** Responses on behalf of Kentucky Fried Chicken (Great Britain) Limited

**Attachments:** SADM Response Form (Completed).pdf; 20150914 1315 KFC Hertsmere SADM -

Representations (FINAL).pdf

**Importance:** High

Dear Sirs

Please find attached our response on behalf of Kentucky Fried Chicken (Great Britain) Limited to consultation on your draft Site Allocations and Development Management Policies Plan. Please do not hesitate to contact us should you have any query.

Yours faithfully

**Steve Simms** 

Director

0115 849 1234

SSA Planning PO Box 10201 Nottingham NG9 9FZ

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# Site Allocations and Development Management Policies Plan (SADM)

#### **Publication Stage Representation Form**

For office use only

Reference No:

Date received:

#### Please use this form to make Representations

### Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015

By post: Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council,

Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

By email: local.plan@hertsmere.gov.uk

This form has three parts:

Part A – Personal details (only needed once).

**Part B** – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation's name at the top of the page.

**Part C** – What information you want the Council to provide you with about future progress of SADM (only needed once).

Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).

| Part A                        | 1. Personal details*                              | 2. Agent details (if applicable) |
|-------------------------------|---|----------------------------------|
| Title                         |   | Mr                               |
| First name                    |   | Steve                            |
| Last name                     |   | Simms                            |
| Job title (where relevant)    |   | Director                         |
| Organisation (where relevant) | Kentucky Fried Chicken (Great Britain)<br>Limited | SSA Planning Limited             |
| Address                       |   | PO Box 10201<br>Nottingham       |
| Post Code                     |   | NG9 9FZ                          |
| Telephone number              |   | 0115 849 1234                    |
| Email address                 |   | steve.simms@ssaplanning.co.uk    |

<sup>\*</sup>If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.

Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to <u>private individuals</u>, including Contact details, will not however be made publicly available.



| Part B  |  |   |   | For office use only  |
|---|--|---|---|--|
| Name or organisati  |  | ied Chicken (Great  | Britain) Limited  | Ref No:  |
|   |  |   |   | □ support:   |
| IMPORTANT: Pleas  | se use a senarate  | Part B form for each  | h representation  | object:  |
| min Ottivite i i i cas  |  |   |   | change:  |
|   |  |   |   |  |
| 3. To which part of   | SADM ('the Plan  | ) does this represe   | ntation relate?  Other  | r nart   |
| Paragraph   | Policy SADI  | Policies  |   | an   |
| 4. In relation to the   | part of the Plan   | you identified in 3,  | do you consider the P   | lan to be:   |
|   |  |   | Pleas   | e tick which boxes apply   |
| 4(a) Legally Complia  | ant Yes  | No 🗸  | no comment to   | make   |
| 4(b) Compliant with<br>Duty to Co-ope   |  | No  | no comment to   | o make 🗸   |
| 4(c) Sound  | Yes  | No 🗾  | no comment to   | o make   |
| If you have entered 'I  | No' to 4(c), please c  | ontinue to Q5. In all o   | other circumstances, plea   | se go to Q6.   |
| 5. If you consider t  | he Plan to be uns  | ound is this becaus   | se it is not:   |  |
| 5(a) Positively prep  | ared   | <b>v</b>  | Please  | tick which box(es) apply   |
| 5(b) Justified  |  | <b>V</b>  |   |  |
| 5(c) Effective  |  | <b>✓</b>  |   |  |
| 5(d) Consistent with  | n national policy  | <b>v</b>  |   |  |
| operate or, having please give details If you wish to com                                   | gregard to the cri<br>s of why. Please b<br>nment in support                               | teria you ticked at<br>e as precise as pos<br>of the Plan's legal                           | fails to comply with the sabove relating to sous ible. compliance, compliance also un   | undness is unsound,<br>e with the Duty to  |
| Purchase Act 2004 of Regulations 2012 be that provide a divers                              | or regulation 8 (2) o<br>ecause NPPF parage<br>e offer and because                         | f The Town and Cour<br>raph 23 requires loca<br>e the latest Retail Stu                     | 2) (a) of The Planning and<br>htry Planning (Local Planr<br>Il planning authorities to p<br>dy does not identify an ov<br>n such uses in Primary S              | ning) (England)<br>promote town centres<br>ver-predominance of                                   |
| in non-retail uses in<br>takeaways. This mea<br>Frontages change to<br>the view that none a | Primary Shopping F<br>ans that, regardless<br>retail uses, no furt<br>re acceptable, but t | Frontages that would<br>of however many ex<br>her hot food takeawa<br>hat would be contrary | ing a proportion of total ube acceptable, it effective isting hot food takeaways would be permitted. The to national policy that valonly partly hot food takear | ely bans new hot food<br>in Primary Shopping<br>his must proceed from<br>iriety and diversity is |



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

|  | ngg/s) you consider necessary to make the Dlan   |
|--|--|
| <ul> <li>legally compliant or</li> </ul>   | nge(s) you consider necessary to make the Plan   |
| <ul> <li>sound (having regard to the criteria you ticked</li> </ul>  | d at 5 above relating to soundness).   |
| You will need to say why this change will make the   | e Plan legally compliant or sound. It will be  |
| helpful if you are able to put forward your suggest  | ed revised wording of any policy or text.  |
| The policy should be amended to set a proportion (base Retail Study and typically set around 30%) of non-retail Frontage. If specific uses are considered particularly has evidence adduced for a smaller percentage (say, 10% for | uses that would be acceptable in a Primary Shopping rmful, then individual treatment should be justified and |
|  |  |
|  | (continue on a separate sheet/expand box if necessary)   |
| 8. If you do not consider the Plan to be sound and Plan which reflect your suggested change, would y Common Ground' with this Council?  Yes  No  | d the Council is prepared to make changes to the   |
| 9. If your representation is seeking a modification necessary to participate at the oral part of the Example.  |  |
| No, I do not wish to participate at  | es, I wish to participate at the ral Examination   |
| 10. If you wish to participate at the oral part of the this to be necessary:   | e Examination, please outline why you consider   |
| Because evidence on the likely relative impacts of the po<br>not so far been produced by the Council and should be d   |  |
|  |  |

indicated that they wish to participate at the oral part of the Examination.

Signature:

Date: 5<sup>th</sup> September 2015



| Part B   |                                  |                   |               |                |                | For office use only                |
|--|----------------------------------|-------------------|---------------|----------------|----------------|------------------------------------|
| Name or  | organisation:                    | Kentucky Frie     | d Chicken (   | Great Britaiı  | n) Limited     | Ref No:                            |
|  |                                  |                   |               |                |                | object:                            |
| IMPORTA  | NT: Please us                    | e a separate P    | art B form    | for each rep   | resentation    |                                    |
|  |                                  |                   |               |                |                | change:                            |
| 3. To which  | ch part of SAD                   | M ('the Plan')    | does this re  | epresentatio   | on relate?     |                                    |
| Paragraph  | n                                | Policy SADM       | 48 Pe         | olicies Map    | 0              | other part If Plan Specify)        |
| 4. In relat  | ion to the par                   | t of the Plan y   | ou identifie  | d in 3, do yo  | ou consider tl | he Plan to be:                     |
|  |                                  |                   |               |                | F              | Please tick which boxes apply      |
| 4(a) Legal   | ly Compliant                     | Yes               | No            | <b>~</b>       | no comme       | nt to make                         |
|  | oliant with the<br>to Co-operate |                   | No            |                | no comme       | ent to make 🗸                      |
| 4(c) Sound   | d                                | Yes               | No            | <b>~</b>       | no comme       | ent to make                        |
| If you have  | e entered 'No' to                | o 4(c), please co | ntinue to Q5. | In all other o | ircumstances,  | please go to Q6.                   |
| 5. If you  | consider the P                   | lan to be unso    | und is this   | because it is  | not:           |                                    |
| 5(a) Positi  | ively prepared                   |                   | <b>v</b>      |                | Ple            | ease tick which box(es) apply      |
| 5(b) Justif  | ied                              |                   | <b>✓</b>      |                |                |                                    |
| 5(c) Effective   |                                  |                   |               |                |                |                                    |
| 5(d) Consi   | istent with nat                  | ional policy      | <b>✓</b>      |                |                |                                    |
| 6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Cooperate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.  If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.  7. Flease set out as precisely as possibly what change(s) you consider necessary to make the Flan.  • legally compliant or |                                  |                   |               |                |                |                                    |
| Please se  | e attached docu                  | ument.            |               |                |                | ate sheet/evnand hov if necessary) |



| You will need to say why this change 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 see attached document.   |  |  |
| (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 for further submissions based on the representation you are currently making. After this current publication stage, further submissions will only be able to be made at the Inspector's request, based on the matters and issues he/she identifies for Examination. |  |  |
| 8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a 'Statement of Common Ground' with this Council?   |  |  |
| Yes No No   |  |  |
| 9. If your representation is seeking a modification/change to the Plan, 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  |  |  |
| 10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:   |  |  |
| Because evidence on the likely relative impacts of the policy upon health and upon economic development has not so far been produced by the Council and should be discussed.  |  |  |
| (continue on a separate sheet/expand box if necessary)  |  |  |
| <b>Please note:</b> the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.   |  |  |
| Signature: Date: 5 <sup>th</sup> September 2015   |  |  |
| Part C (Only needed once)   |  |  |

sound (having regard to the criteria you ticked at 5 above relating to soundness).



# Name (Print): Kentucky Fried Chicken (Great Britain) Limited

| <b>'</b> | If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.  |
|----------|--|
| •        | If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box. |
| <b>'</b> | If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.  |
|          | If you no longer wish to receive communications from the Council on SADM please tick this box.   |

