

## Christine Whyte

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**From:** Miriam Rogers <Miriam.Rogers@cgms.co.uk>  
**Sent:** 11 September 2015 14:09  
**To:** Local Plan  
**Cc:** Nick Spall  
**Subject:** Representations to the Council in respect of the Sites and Allocations plan  
**Attachments:** 0002\_001.pdf

Dear Sir/Madam,

Please find attached a completed Publication Stage Representation Form. This form is in relation to Policy SADM25- Key Green Belt Sites and more specifically Clare Hall, a current Cancer Research UK site.

We act on behalf of Cancer Research UK, and wish to support the inclusion of this site in Policy SADM25. Cancer Research UK believes the site is suitable for future development, and seeks to ensure this is possible through the sites inclusion in the Development Plan and continued consideration as a Major Developed Site (MDS).

I hope you have all the information needed, please do not hesitate to contact me at the below address if anything further is needed.

Kind regards  
Miriam

**Miriam Rogers**  
**Graduate Planner**  
**Direct Dial: 0207 796 5066**

**Email Address:** [miriam.rogers@cgms.co.uk](mailto:miriam.rogers@cgms.co.uk)

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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).**

<b>Part A</b>	<b>1. Personal details*</b>	<b>2. Agent details (if applicable)</b>
Title		Mr
First name		Nick
Last name		Spall
Job title (where relevant)		Director
Organisation (where relevant)		CgMs
Address		140 London Wall, London EC2Y 5DN
Post Code		EC2Y 5DN
Telephone number		020 7832 1471
Email address		<a href="mailto:Nick.spall@cgms.co.uk">Nick.spall@cgms.co.uk</a>

\*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 private individuals, including Contact details, will not however be made publicly available.**



**Part B**

Name or organisation: **Clare Hall, Cancer Research UK**

For office use only  
Ref No:  
support:  
object:  
change:

**IMPORTANT: Please use a separate Part B form for each representation**

**3. To which part of SADM ('the Plan') does this representation relate?**

Paragraph  Policy **SADM25** Policies Map  Other part of Plan (specify)

**4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:**

Please tick which boxes apply

4(a) Legally Compliant Yes  No  no comment to make   
4(b) Compliant with the Duty to Co-operate Yes  No  no comment to make   
4(c) Sound Yes  No  no comment to make

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

**5. If you consider the Plan to be unsound is this because it is not:**

5(a) Positively prepared  Please tick which box(es) apply  
5(b) Justified   
5(c) Effective   
5(d) Consistent with national policy

**6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate 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.**

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



7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan

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

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.

(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

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:

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

**Please note:** 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: [REDACTED] \_\_\_\_\_ Date: 11/09/2015

**Part C**

**(Only needed once)**

Name (Print):     NICK SPALL    

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.

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.