

## CIL Draft Charging Schedule Response Form 2015

For Official Use Only
Ref:
Rep. Ref.

Please use this form if you wish to support or object to the Community Infrastructure Levy – Draft Charging Schedule

If you are commenting on multiple sections of the document you will need to complete a separate copy of Part B of this form for each representation.

This form may be photocopied or, alternatively, extra forms can be obtained from the Council's offices or places where the plan has been made available (see back page). You can also respond online using the LDP Consultation System, visit: [www.warwickdc.gov.uk/planning](http://www.warwickdc.gov.uk/planning)

### Part A - Personal Details

	1. Personal Details	2. Agent's Details (if applicable)
Title	<b>REPRESENTATIONS</b>	<b>MR</b>
First Name	<b>SUBMITTED ON</b>	<b>M.</b>
Last Name	<b>BEHALF OF A</b>	<b>DAVIES</b>
Job Title (where relevant)	<b>LOCAL HOUSE</b>	<b>DIRECTOR</b>
Organisation (where relevant)	<b>BUILDER &amp;</b>	<b>SAVILLS (UK) LTD</b>
Address Line 1	<b>DEVELOPER</b>	<b>INNOVATION COURT</b>
Address Line 2	<b>CONSORTIUM</b>	<b>121 EDMUND ST.</b>
Address Line 3		<b>BIRMINGHAM</b>
Address Line 4		
Postcode		<b>B2 2HJ</b>
Telephone number		<b>0121 634 8436</b>
Email address		<b>MPOAVIES@SAVILLS.COM</b>
Would you like to be made aware of future updates on the CIL?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
About You: Gender		
Ethnic Origin		
Age	Under 16      16 - 24      25 - 34      35 - 44	
	45 - 54      55 - 64      65+	

#### Notifications

Please specify whether you wish to be notified of any of the following:

1. Submission of the Draft Charging Schedule for examination  Yes       No
2. Examiner's Report  Yes       No
3. Council approval of Charging Schedule  Yes       No

## Part B - Commenting on the CIL Draft Charging Schedule

If you are commenting on multiple sections of the document you will need to complete a separate sheet for each representation

Sheet **1** of **2**

Which part of the document are you responding to?

Paragraph number / Heading / Subheading (if relevant)

Map (e.g. Proposed Development Sites – District Wide)

What is the nature of your representation?

Support

Object

Please set out full details of your objection or representation of support. If objecting, please set out what changes could be made to resolve your objection (Use a separate sheet if necessary).

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## Part B - Commenting on the CIL Draft Charging Schedule

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Sheet **2** of **2**

### CIL Examination : Right to be Heard

Do you wish to be heard by the Examiner at the examination?

Yes

No

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

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