



# Argyll and Bute

## Proposed Local Development Plan

### Representation Form

We would like your views on any of the issues, policies, sites and proposals set out in the Argyll and Bute Proposed Local Development Plan and also on the Plan's supporting documents, including the Draft Supplementary Guidance.

This form should be used for **all** representations. The Planning Authority **will only accept** responses using this form. On line and electronic versions are available at [www.argyll-bute.gov.uk/ldp](http://www.argyll-bute.gov.uk/ldp) as well as guidance notes.

**Please use a separate form for each individual aspect of the Proposed Plan, Draft Supplementary Guidance or other related document you wish to comment on.**

Your representation must be received by **29th April 2013 before 5 p.m.**

Please return the form to:-

On line: Submitted directly using submit button  
 Electronic copy: e-mail to [ldp@argyll-bute.gov.uk](mailto:ldp@argyll-bute.gov.uk)  
 Hard copy: Post to Development Policy Team, Argyll and Bute Council, Manse  
 Brae Offices, Lochgilphead, PA31 8RD or Fax to 01546 604643

#### 1 Please give us your contact details.

Please note that representations cannot be treated confidentially and will be scanned and made available for public inspection, except any information which would be subject to the Data Protection Act 1998. They may also be passed to the Scottish Government's Directorate for Planning and Environmental Appeals in order that they can involve you in any Examination of the Plan.

**Only representations that include a name and a method of contact will be validated.**

<b>Name: Jack Rudram, Convenor</b>	<b>Organisation Name</b> (if applicable) Rhu & Shandon Community Council
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**Address:** 21 Queens Point, Shandon, Helensburgh, G84 8QZ

<b>Telephone: 01436 820906, 07901 515208</b>	<b>E Mail: Jack.Rudram@btopenworld.com</b> This helps us reduce costs and improve efficiency
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<b>Agent : N/A</b>	If you provide an Agent's name the Council will direct all subsequent correspondence to your Agent.
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**Agent Address: N/A**

<b>Agent Telephone: N/A</b>	<b>Agent E Mail: N/A</b>
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Office use only

Rec	Valid	Cusref	Code1	Code2	Code3
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# Argyll and Bute Proposed Local Development Plan Representation Form

Please use a **separate** form for **each** issue/site/aspect

**2 Please indicate which document you are making a representation on:**  
Tick **one** box **only**

Proposed Local Development Plan	<b>X</b>	Draft Supplementary Guidance	
Environmental Report		Other (please specify)	

**3 Please tell us which part of the above document you wish to make a representation on.**  
Fill in **all** that apply

Page No(s)	67	Chapter No(s)	8	Paragraph No(s)	8.2
Policy Reference	Potential Development Areas		Policy Title		
Site Reference e.g. H3001	PDA 3/29, Map 6		Site Name	Rhu Marina	

**4 Please indicate whether your representation is in support of the document or whether you would wish to see it changed (i.e. your representation is an objection)**  
Tick **one** box **only**

Support as written	YES		Seek a change/Objection	
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**5a Please provide your reasons for supporting or objecting to the matter you have highlighted.**

R&S CC support the area delineated in Map 6 for the Potential Development Area PDA 3/29.

In the Main Issues Report there was considerable expansion of the area to north-west and to the east towards the “hangers” which was designated as HL12. This area, which implied considerable expansion of PDA 3/29 and extensive land reclamation from the sea, has been removed in this proposed Local Development Plan.

R&S CC are pleased that the PDA has not been expanded and fully support the decision not to introduce a wider area and land reclamation as indicated by HL12 of the Main Issues Report.

**5b Please indicate the changes that would be required for you to remove your objection**

Part 5 Notes : Your response in part 5 should be no more than 2,000 words. Please use continuation page(s) as necessary and attach securely to this form. If you intend to attach any supporting documentation, please provide a summary of your representation using this form, which should not exceed 2,000 words. There is no automatic opportunity for parties to expand on a **proposed Local Development Plan** representation later in the process.

## Argyll and Bute Proposed Local Development Plan Representation Form - Guidance Notes

### 1 What is this form?

- i) This form is to be used for representations on the Argyll and Bute Proposed Local Development Plan and associated documents including the Draft Supplementary Guidance.
- ii) The Planning Authority **will only validate** responses submitted on this form.

### 2 Where can I get additional copies of the form?

On line, electronic and hard copy versions of the form are available:-

- i) On line and electronic versions at - [www.argyll-bute.gov.uk/ldp](http://www.argyll-bute.gov.uk/ldp)
- ii) Hard copy versions at
  - a. The following Council Offices/Service Centres:- Council Headquarters Offices, Kilmory, Lochgilphead; Manse Brae, Lochgilphead; Chalmers St, Ardrishaig; Municipal Buildings, Oban; Milton House, Dunoon; Blairvadach, Helensburgh; Bowmore, Islay; Tobermory, Mull; Crossapol, Tiree; Craighouse, Jura; Scalasaig, Colonsay.
  - b. public libraries at Tarbert, Rosneath, Cardross, Oban, Helensburgh, Dunoon, Rothesay, Campbeltown, Lochgilphead; or by
  - c. telephone 01546 60 4158 or e mail [ldp@argyll-bute.gov.uk](mailto:ldp@argyll-bute.gov.uk).

### 3 How do I fill in the form?

- i) You should use the form to tell us about your issues with the Proposed Local Development Plan, Draft Supplementary Guidance and any other associated documents.
- ii) 1 - Please fill in your contact details Anonymous representations will **not** be accepted. Only representations with your name and contact details will be validated.
- iii) Please use a **separate** form for **each** issue or aspect of the plan you wish to make a comment on
- iv) 2 - Please tell us **which document** you wish to make a representation on as the responses to each require to be handled in different ways.
- v) 3 – We need to know which part of the document you are telling us about. Please fill in **all** boxes that apply. E.g. page number, chapter or paragraph you are referring to or which particular site or policy.
- vi) 4 - Please tick **one** box **only** to indicate whether your representation is in support of the issue you are telling us about or if you would like to see a change and therefore have an objection.
- vii) 5 – Please provide **all** details in support of your representation in this section. You should fully explain the issues that you wish to be considered, in particular if your response is on the proposed Local Development Plan as for this there is no automatic opportunity for parties to expand on their representation later in the process. Additional sheets may be used. The Scottish Government advises that representations by stakeholders and the general public on the proposed Local Development Plan should be concise (no more than **2,000 words** plus any limited supporting productions e.g. reports (these must be summarised on the form), maps or photographs). If there are unresolved representations on the proposed Local Development Plan the Scottish Ministers will appoint a person to examine the plan at which time the planning authority is required to provide a summary of unresolved issues. The Council will consider the issues raised on the other documents.  
5a –tell us about the issue (either support or objection). 5b – if you have made an objection we would like to know how you think this could be resolved.

### 4 Where do I return the form to?

Please return the form to:-

- On line: Submitted directly using submit button
- Electronic copy: e-mail to [ldp@argyll-bute.gov.uk](mailto:ldp@argyll-bute.gov.uk)
- Hard copy: Post to Development Policy Team, Argyll and Bute Council, Manse Brae Offices, Lochgilphead, PA31 8RD  
or Fax to 01546 604643

### 5 Is my response confidential?

Representations cannot be treated confidentially and will be scanned and made available for public inspection, except any information which would be subject to the Data Protection Act 1998. They may also be passed to the Scottish Government's Directorate for Planning and Environmental Appeals in order that they can involve you in any Examination of the Plan.

### 6 When must I return my form?

Your representation must be received by 29th April 2013 before 5 p.m.

### 7 If you have any other queries?

Please contact Sheila McKenzie on 01546 604158 or e mail at [ldp@argyll-bute.gov.uk](mailto:ldp@argyll-bute.gov.uk)



**EQUAL OPPORTUNITIES MONITORING FORM**  
**Argyll and Bute Council – Development and Infrastructure**

By filling in this form you can help Argyll and Bute Council treat everyone fairly in the consultation process on the Argyll and Bute Local Development Plan (LDP). Accurate data on our customers will help us make sure the LDP meets the needs of the area. The information you provide will not be passed on to any third party and will be treated completely separately from any response to the consultation you make. It is **not** a requirement of the consultation that you return this form.

**How to complete this form:**

Please send **one** copy of this form along with your response on the Proposed Local Development Plan to [ldp@argyll-bute.gov.uk](mailto:ldp@argyll-bute.gov.uk) or by post to Development Policy Team, Argyll and Bute Council, Manse Brae Offices, Lochgilphead PA31 8RD.

**To check a box with an 'x' please 'double click' the box and select 'checked' under the option of 'default value', then click 'ok' to return to the form.**

**1 I am answering as :-**

- an individual (go to question 2)
- on behalf of a group (go to question 6)

**2 GENDER IDENTITY**

- Male  Female

**3 AGE**

How old are you? Please tick a box to select an age group.

- 0 – 15  45 – 64
- 16 – 24  65 – 74
- 25 – 44  75+

**4 ETHNIC GROUP**

What is your ethnic group? Choose **one** section from A to E, then tick **one** box which **best describes** your ethnic group or background.

**A White**

- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Gypsy/Traveller
- Polish
- Any other white ethnic group, please write .....

**B Mixed or multiple ethnic groups**

Any mixed or multiple ethnic groups, please write .....

Continued overleaf

- C Asian, Asian Scottish or Asian British**
- Pakistani, Pakistani Scottish or Pakistani British
  - Indian Scottish or Indian British
  - Bangladeshi, Bangladeshi Scottish or Bangladeshi British
  - Chinese, Chinese Scottish or Chinese British
  - Other, please write .....

- D African, Caribbean or Black**
- African, African Scottish or African British
  - Caribbean, Caribbean Scottish or Caribbean British
  - Black, Black Scottish, Black British
  - Other, please write .....

- E Other ethnic group**
- Arab
  - Other, please write .....

**5 DISABILITY**

Under the terms of the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day tasks. If you consider yourself to be disabled, please tick ✓

- Yes                       No

**Individuals please return the form now.**

**Groups only please fill in question 6.**

This helps us find out about the **target audience** of groups (not necessarily the same as those running the group). Examples - If a group is open to **all** those interested in building preservation you should tick "Anyone" only, regardless of the age, gender etc. of the actual people in the group. If the group targets any category group as noted please select the categories e.g. Girl Guides tick "Children" and "Female".

**6 Which group(s) of people does your organisation aim to work with most?**

*Please read through whole list, then **tick up to 3 only***

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Anyone – no specific group                                 | <input type="checkbox"/> Older people             |
| <input type="checkbox"/> Male gender based group   | <input type="checkbox"/> Young people (age 13-25) |
| <input type="checkbox"/> Female gender based group   | <input type="checkbox"/> Children (under age 13)  |
| <input type="checkbox"/> People from minority groupings<br>Please specify minority group below | <input type="checkbox"/> People with disabilities |

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**Thank you for your help.**