Planning Obligations Supplementary Planning Document (SPD) Consultation Representation Form

Please return this form with your representations to Planning Services by **5pm on Thursday 18th September 2014** either by email to cil@bathnes.gov.uk post to PO Box 5006, Bath, BA1 1JG

This form has two main parts:

Part A - Personal Details

Part B - Your representations(s)

Please fill in Part A once, and a separate sheet for each representation you wish to make on Part B.

Please note all names and comments will be made publically available.

Part A

1.	Personal Details*	Agent Details
Title:	MR	M.S
First Name:	DAVIP	JENNY
Last Name:	REDGEWELL	RAGGET
Job Title: (where relevant)	TRANSPORT Planne	
Organisation: (where relevant)	South West Traspart Network Rolling TRGE	[]
Address Line 1:		
Address Line 2:		
Address Line 3:		
Address Line 4:		
Postcode:		
Signature:	Date	17-8-2014



page object to lack g a Charging Levy outside Bath especally for Hotel in area and the chew valley Like Keynsham With Towism at the Heat the BANES City Region ecomery Would also support a reveal of Cheging for Indistry and office development around Keynsham Radotock Midsome North peadown and BATH.

Continue on a separate sheet if necessary. Please include your name/organisation on each separate sheet used.

Planning Obligations Supplementary Planning Document (SPD) Consultation Representation Form

Please return this form with your representations to Planning Services by **5pm on Thursday 18th September 2014** either by email to cil@bathnes.gov.uk post to PO Box 5006, Bath, BA1 1JG

This form has two main parts:

Part A - Personal Details

Part B - Your representations(s)

Please fill in Part A once, and a separate sheet for each representation you wish to make on Part B.

Please note all names and comments will be made publically available.

Part A

1.	Personal Details*	Agent Details
Title:	MR	MR
First Name:	DAVID JONATHAM	IAN Beeks
Last Name:	REDGEWELL	
Job Title: (where relevant)	Trasport Planner Resignative CBT	
Organisation: (where relevant)	Trasport Network	Co ardenta
Address Line 1:		
Address Line 2:		
Address Line 3:		
Address Line 4:		
Postcode:		
Signature:		Date: 7 9- 2016

The Policy CII Does not appear to Make provision for New Health Care facilities Such as at the Royal united Hospital, Pauton Hospital Shepton Mallet Hospital or New Health Centres or Improvement to Health center Dentesto Doctors This Policy read discussion Will Charcel Commissions Group BANES and NHS England Commissing Group South West Heath Janter require Ell for Public Trasport access, Hydrag

Continue on a separate sheet if necessary. Please include your name/organisation on each separate sheet used.

Planning Obligations Supplementary Planning Document (SPD) Consultation Representation Form

Please return this form with your representations to Planning Services by **5pm on Thursday 18th September 2014** either by email to cil@bathnes.gov.uk post to PO Box 5006, Bath, BA1 1JG

This form has two main parts:

Part A - Personal Details

Part B - Your representations(s)

Please fill in Part A once, and a separate sheet for each representation you wish to make on Part B.

Please note all names and comments will be made publically available.

Part A

* If an agent is appointed, please complete only the Title, Name and Organisation Boxes below but complete the full contact details of the agent

1.	Personal Details*	Agent Details
Title:	M.R	MS
First Name:	DAVID	Jenn
Last Name:	REDGEWELL	Ragge
Job Title: (where relevant)	TRANSPORT PLANNET	
Organisation: (where relevant)	South West Transport Network Routfulin	Ca ordinato
Address Line 1:	V	
Address Line 2:		
Address Line 3:		
Address Line 4:		
Postcode:		
Signature:	Da Da	te:

David a West-Mail. NET

Missing Policy

Transport CIL obligation Makes No Pransia for Freehl facilities, Including Braking down Loads into Electric Delivery Vehicles ju Bath and Keynsham TOWN Centires or the Use of Rail Freight at Westmortant Yard in Bath The Cil reed a Freight Policy obligation to use in Planning agreement in Bath Toty center

Continue on a separate sheet if necessary. Please include your name/organisation on each separate sheet used.

Planning Obligations Supplementary Planning Document (SPD) Consultation Representation Form

Please return this form with your representations to Planning Services by **5pm on Thursday 18th September 2014** either by email to cil@bathnes.gov.uk post to PO Box 5006, Bath, BA1 1JG

This form has two main parts:

Part A - Personal Details

Part B - Your representations(s)

Please fill in Part A once, and a separate sheet for each representation you wish to make on Part B.

Please note all names and comments will be made publically available.

Part A

1.	Personal Details*	Agent Details
Title:	MR	Ms
First Name:	DAVID JONATHAN	Jenny
Last Name:	REDGEWELL	Razgel
Job Title: (where relevant)	France of Crack Brille	Coordinta
Organisation: (where relevant)	Network Routenter	•
Address Line 1:		
Address Line 2:		
Address Line 3:		
Address Line 4:		
Postcode:		
Signature:	Date:	

Education Factites Policy B3A Land addoing opo Down Policy B3c Extension to Mod Enslugh 120 Hom Ke3A Keyrohm EGL 220 - 250 LADOMINO Kyrohans South West 180 = 20 Homes RAJ Whithwork 200 Homes Development obligation to Schools are Supported But Must be built at the beging of the Trigger Not In the Next Jew years When the Development 15 completed at It half Way Stage

Continue on a separate sheet if necessary. Please include your name/organisation on each separate sheet used.

Planning Obligations Supplementary Planning Document (SPD) Consultation Representation Form

Please return this form with your representations to Planning Services by **5pm on Thursday 18th September 2014** either by email to cil@bathnes.gov.uk post to PO Box 5006, Bath, BA1 1JG

This form has two main parts:

Part A - Personal Details

Part B - Your representations(s)

Please fill in Part A once, and a separate sheet for each representation you wish to make on Part B.

Please note all names and comments will be made publically available.

Part A

First Name: Last Name: Dob Title: (where relevant) Organisation: (where relevant) Address Line 1: Address Line 2: Address Line 3: Address Line 4: Postcode: Signature: M.S. J. FNNY. Regget Date:	1.	Personal Details*	Agent Details
Last Name: Job Title: (where relevant) CBT	Title:	MR	MS JENNY Ragget
Job Title: (where relevant) Organisation: (where relevant) Address Line 1: Address Line 2: Address Line 3: Address Line 4: Postcode:	First Name:	DAVID	
(where relevant) Organisation: (where relevant) Address Line 1: Address Line 2: Address Line 3: Address Line 4: Postcode:	Last Name:	REDGEWELL	
Organisation: (where relevant) Address Line 1: Address Line 2: Address Line 3: Address Line 4: Postcode:		CB	37)
Address Line 1: Address Line 2: Address Line 3: Address Line 4: Postcode:		South West Transport	
Address Line 3: Address Line 4: Postcode:	Address Line 1:		
Address Line 4:	Address Line 2:		
Postcode:	Address Line 3:		
	Address Line 4:		
Signature: Date:	Postcode:		
	Signature:		Date:

79 Support He Changins poling of 33-1 on 60 days on 12 Month on 18 Month We are very concerned about Viability Assessment an apardable Housing in Bath Keynham and Whitchich especially the Rented Sector and Must be Set at

Continue on a separate sheet if necessary. Please include your name/organisation on each separate sheet used.