

HAVE YOUR SAY

Consultation on draft Ridgeons site, Cromwell Road Draft Planning and Development Brief Supplementary Planning Document



1. OUR DETAILS

Consultation start date: 9am on 18 January 2016

Consultation closing date: 5pm on 28 February 2016

Respond online: <http://cambridge.jdi-consult.net/localplan>

Email: policysurveys@cambridge.gov.uk

Write to:

Planning Policy
Cambridge City Council
PO Box 700
Cambridge
CB1 0JH

Find out more:

<https://www.cambridge.gov.uk/ridgeons-spd>

2. YOUR DETAILS

Please note that we cannot register your representation without your details

Please tick if you are an agent

If you are an agent, who are you representing? _____

Contact Name: _____

Contact Address: _____

Email: _____

Signature: _____

Date: _____

Please tick if you do not wish to be contacted via email

Please tick if you wish to be updated on the progress of this document

Your Response

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3. Paragraph number, section, plan, figure, bulletpoint etc.

4. Do you support this paragraph or section?

- Yes, I support
 No, I object

5. Your Comments: why do/don't you support the paragraph or section? If you'd like to amend or add something new, what would it say? Please limit your response below to 100 words. Detailed comments may be provided on separate sheets, if necessary

Note: If you wish to comment on more than one paragraph or section please use another form

Data Protection

The information collected will be processed in accordance with the Data Protection Act 1998. Information from the forms will be stored on a computer database used solely in connection with the Local Plan Review and the production of planning policy documents. Representations will be available to view on council's website, although address and contact details will not be included. However, as copies of representations must be made available for public inspection, they cannot be treated as confidential and will be available for inspection in full.

Monitoring Information

It would help us if you could complete this section on monitoring and return it with your representation(s). You only need to fill this form in once if you are sending back multiple copies of the Response Form. The information supplied will help us to ensure that we are reaching a cross section of the local community.

Please tick all which are applicable to you.

Age:	Under 16	<input type="checkbox"/>	16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>	45-54	<input type="checkbox"/>
	55-64	<input type="checkbox"/>	65+	<input type="checkbox"/>						
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						

Status:

Economically Active							
Employed	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Full-time Student	<input type="checkbox"/>

Economically Inactive							
Retired	<input type="checkbox"/>	Student	<input type="checkbox"/>	Looking after home/family	<input type="checkbox"/>	Permanently sick/disabled	<input type="checkbox"/>
Other	<input type="checkbox"/>						

Ethnicity:

To which of these groups do you consider that you belong?

A) White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Any other White Background	<input type="checkbox"/>
B) Mixed	White and black Caribbean	<input type="checkbox"/>
	White and black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other mixed background	<input type="checkbox"/>
C) Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
D) Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
E) Chinese	Chinese	<input type="checkbox"/>
F) Gypsies and Travellers	Roma	<input type="checkbox"/>
	Irish Travellers	<input type="checkbox"/>
	Any other Travellers	<input type="checkbox"/>
	Travelling Show People	<input type="checkbox"/>
G) Other Ethnic Background	Other	<input type="checkbox"/>

Religion:

To which of these groups do you consider that you belong?

A) None	<input type="checkbox"/>
B) Christian	<input type="checkbox"/>
C) Buddhist	<input type="checkbox"/>
D) Hindu	<input type="checkbox"/>
E) Jewish	<input type="checkbox"/>
F) Muslim	<input type="checkbox"/>
G) Sikh	<input type="checkbox"/>
H) Any other (Please state religion: _____)	<input type="checkbox"/>

Do you have a disability?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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