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WARRINGTON
Borough Council

Warrington Borough Council

Local Plan

Preferred Development Option

Regulation 18 Consultation

Standard Response Form

July 2017

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1: Contact Details (Compulsory)

Title:

First Name:

Last Name:

Organisation (if applicable):

Address:

Phone Number:

E-mail:

Which best describes you? (tick ✓ one option only)

Resident in Warrington

Resident from outside of Warrington

Business

Other, please specify

2: Questions

Question 1

Do you have any comments to make about how we've worked out the need for new homes and employment land in Warrington over the next 20 years?

Response:

Question 2

Do you have any comments to make about how we've worked out the number of homes and amount of employment land that can be accommodated within Warrington's existing built up areas?

Response:

Question 3

Have we appropriately worked out the amount of land to be released from the Green Belt, including the amount of land to be 'safeguarded'?

Response:

Question 4

Do you agree with the new Local Plan Objectives?

Response:

Question 5

Do you have any comments to make about how we've assessed different 'Spatial Options' for Warrington's future development?

Response:

Question 6

Do you have any comments to make about how we've assessed different options for the main development locations?

Response:

Question 7

Do you agree with our Preferred Development Option for meeting Warrington's future development needs?

Response:

Question 8

Do you have any comments to make about our Preferred Development Option for the City Centre?

Response:

Question 9

Do you have any comments to make about our Preferred Development Option for the Wider Urban Area?

Response:

Question 10

Do you have any comments to make about our Preferred Development Option for developing the Warrington Waterfront?

Response:

Question 11

Do you have any comments to make about our Preferred Development Option for the Warrington Garden City Suburb?

Response:

Question 12

Do you have any comments to make about our Preferred Development Option for the South Western Urban Extension?

Response:

Question 13

Do you have any comments to make about our Preferred Development Option for development in the Outlying Settlements?

Response:

Question 14

Do you agree with our approach to providing new employment land?

Response:

Question 15

Do you agree with our suggested approach for dealing with Gypsy and Travellers and Travelling Showpeople sites?

Response:

Question 16

Do you agree with our suggested approach for dealing with Minerals and Waste?

Response:

Question 17

Having read the Preferred Development Option Document, is there anything else you feel we should include within the Local Plan?

Response:

About You Questions

Warrington Borough Council is committed to promoting equality of opportunity and respect for diversity in the services we provide.

It is not compulsory to answer the questions but by doing so you are helping us to monitor the effectiveness of our services and make improvements to address any barriers to using them.

All answers will be treated in the strictest confidence and protected by the Data Protection Act 1998. Individuals will not be identified.

Thank you for helping us to deliver better quality services to you.

18. **Are you...?** (tick one option only)

Male

Female

Other (please state):

19. **Is your gender identity the same as you were assigned at birth?**

(tick one option only)

Yes

No

20. **How would you describe yourself?** (tick one option only)

Bisexual

Gay man

Gay woman / Lesbian

Heterosexual /
straight

Other

Prefer not to say

21. **What is your age?:** (tick one option only)

0 - 16

35 - 44

65 - 74

17 - 24

45 - 54

75 - 84

25 - 34

55 - 64

85 or over

22. **Have you ever served in the British Armed Forces?** (tick one option only)

Yes

No

23. **Has any member of your immediate family?** (tick one option only)

Yes

No

24. **Do you consider yourself to have a disability, or a long-term illness, physical or mental health condition?** (tick one option only)

Yes

No

If yes, please go to Q25. If no, please go to Q26.

25. **What is the nature of your disability, long-term limiting condition or health problem?** (tick all that apply)

Physical disability

Learning disability

Mental ill health

Visual disability

Hearing disability

Other, please specify

26. **Caring responsibilities in your personal life. Is there anyone who relies on you for care and attention AND that you assist with their daily routines?** (tick one option only)

Yes

No

If yes, please go to Q27. If no, please go to Q28.

27. **If yes, please indicate the circumstances:** (tick all that apply)

Children

Adults (18 or over)

28. To which of these groups do you consider you belong? (tick one option only)

A) White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy
- Irish Traveller

Any other white background, please specify:

B) Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian

Any other mixed background, please specify:

C) Black/African/Caribbean

- Caribbean
- African

Any other Black / African / Caribbean background, please specify:

D) Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other Asian background, please specify:

E) Other ethnic group

- Arab
- Any other ethnic group, please specify:

29. What is your religion or belief? (tick one option only)

- No religion or belief
- Muslim
- Jewish
- Christian
- Hindu
- Other, please specify:
- Buddhist
- Sikh

Thank you for taking the time to complete this survey