



For Office use only

Representor No. ....

Date Received .....  
RECEIVED

Date of Acknowledgement .....  
10 MAR 2026  
Regeneration and Planning

# Vale of Glamorgan Replacement Local Development Plan 2021-2036 DEPOSIT PLAN CONSULTATION

## Public Consultation Representation Form

The Council is seeking your views on the Replacement Local Development Plan (RLDP) **Deposit Plan**. The Deposit Plan is the next formal stage in the development plan preparation process and expands on the Preferred Strategy which the Council consulted on in December 2023 – February 2024.

The Deposit Plan is the full draft version of the RLDP, detailing the **overall strategy, development policies, land designations** (e.g. conservation) and **specific land allocations** for development (including new housing and employment sites) over the 15-year period 2021-2036.

The public consultation will run for 6 weeks between **Wednesday 28<sup>th</sup> January 2026 and Wednesday 11<sup>th</sup> March 2026**. Representations received after this time will not be considered.

Full details of the consultation are available on the Council's website at: [www.valeofglamorgan.gov.uk/ldp](http://www.valeofglamorgan.gov.uk/ldp) or by scanning the QR code above.

The Council encourages representations on the Deposit Plan to be made via our **online consultation portal** available at <https://valeofglamorgan.oc2.uk/> however representations submitted using this form will also be accepted.

Representations are welcomed in both Welsh and English and this representation form is available in other formats on request e.g. Welsh, large print.

### 1: Contact Details

| Your / Your Client's Details               |               |                                     | Agent's Details (if relevant) *            |         |                          |
|--------------------------------------------|---------------|-------------------------------------|--------------------------------------------|---------|--------------------------|
| Title                                      | MR.           |                                     | Title                                      |         |                          |
| Name                                       | BRUCE PERRETT |                                     | Name                                       |         |                          |
| Organisation<br>(If applicable)            |               |                                     | Organisation<br>(If applicable)            |         |                          |
| Address                                    |               |                                     | Address                                    |         |                          |
| Postcode                                   |               |                                     | Postcode                                   |         |                          |
| Email                                      |               |                                     | Email                                      |         |                          |
| Telephone No.                              |               |                                     | Telephone No.                              |         |                          |
| Communication preference:<br>(Please tick) | Email         | <input type="checkbox"/>            | Communication preference:<br>(Please tick) | Email   | <input type="checkbox"/> |
|                                            | Letter        | <input checked="" type="checkbox"/> |                                            | Letter  | <input type="checkbox"/> |
| Language preference:<br>(Please tick)      | English       | <input checked="" type="checkbox"/> | Language preference:<br>(Please tick)      | English | <input type="checkbox"/> |
|                                            | Welsh         | <input type="checkbox"/>            |                                            | Welsh   | <input type="checkbox"/> |

\*If you are acting as an Agent, please also provide details of person/organisation you are representing (Note: you will need to supply a separate form for each person/organisation you are representing).



## ABOUT YOU

The following questions will help us ensure data is representative of population of the authority and help us to target underrepresented groups. **You are not required to complete this section if you would prefer not to.**

| Are you...?                                          |                          | What is your age group?                                                           |                          |
|------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|--------------------------|
| Male                                                 | <input type="checkbox"/> | Under 16                                                                          | <input type="checkbox"/> |
| Female                                               | <input type="checkbox"/> | 16 – 24                                                                           | <input type="checkbox"/> |
| Other                                                | <input type="checkbox"/> | 25 – 44                                                                           | <input type="checkbox"/> |
| Prefer not to say                                    | <input type="checkbox"/> | 45 – 64                                                                           | <input type="checkbox"/> |
| What is your ethnic group?                           |                          | Aged 65 or over                                                                   | <input type="checkbox"/> |
| White                                                | <input type="checkbox"/> | Prefer not to say                                                                 | <input type="checkbox"/> |
| Mixed                                                | <input type="checkbox"/> | What is your main language?                                                       |                          |
| Asian                                                | <input type="checkbox"/> | Welsh                                                                             | <input type="checkbox"/> |
| Black                                                | <input type="checkbox"/> | English                                                                           | <input type="checkbox"/> |
| Chinese                                              | <input type="checkbox"/> | Bilingual                                                                         | <input type="checkbox"/> |
| Prefer not to say                                    | <input type="checkbox"/> | Prefer not to say                                                                 | <input type="checkbox"/> |
| Other ethnic group ( <i>please state</i> )           | <input type="checkbox"/> | Other (including British Sign Language, large print etc.) ( <i>please state</i> ) | <input type="checkbox"/> |
| What is your religion or belief?                     |                          | Do you have a disability?                                                         |                          |
| Christian (all denominations)                        | <input type="checkbox"/> | Yes                                                                               | <input type="checkbox"/> |
| Buddhist                                             | <input type="checkbox"/> | No                                                                                | <input type="checkbox"/> |
| Hindu                                                | <input type="checkbox"/> | Prefer not to say                                                                 | <input type="checkbox"/> |
| Jewish                                               | <input type="checkbox"/> | What is your legal marital or same sex civil partnership status?                  |                          |
| Muslim                                               | <input type="checkbox"/> | Single                                                                            | <input type="checkbox"/> |
| Sikh                                                 | <input type="checkbox"/> | Living with partner                                                               | <input type="checkbox"/> |
| Humanist                                             | <input type="checkbox"/> | Married                                                                           | <input type="checkbox"/> |
| No religion or belief                                | <input type="checkbox"/> | Separated                                                                         | <input type="checkbox"/> |
| Prefer not to say                                    | <input type="checkbox"/> | Divorced                                                                          | <input type="checkbox"/> |
| Any other religion or belief ( <i>please state</i> ) | <input type="checkbox"/> | Widowed                                                                           | <input type="checkbox"/> |
|                                                      |                          | Civil Partnership                                                                 | <input type="checkbox"/> |
| What is your sexual orientation?                     |                          | Dissolved Civil Partnership                                                       | <input type="checkbox"/> |
| Bisexual                                             | <input type="checkbox"/> | Surviving Civil Partnership                                                       | <input type="checkbox"/> |
| Gay                                                  | <input type="checkbox"/> | Prefer not to say                                                                 | <input type="checkbox"/> |
| Lesbian                                              | <input type="checkbox"/> |                                                                                   |                          |
| Heterosexual                                         | <input type="checkbox"/> |                                                                                   |                          |
| Prefer not to say                                    | <input type="checkbox"/> |                                                                                   |                          |
| Other ( <i>please state</i> )                        | <input type="checkbox"/> |                                                                                   |                          |

## Our Views

### QUESTION 1:

What are your thoughts on the Deposit RLDP (e.g. policies, site allocations)?

Please state which site reference, policy or paragraph number your comments refer to. If you are commenting on more than one site, policy or paragraph, please use a separate sheet for each one.

SITE REFERENCE/POLICY/PARAGRAPH NUMBER:

MG1 - KS1

Agree/Support

☐

Disagree/Object

☒

Comment

☐

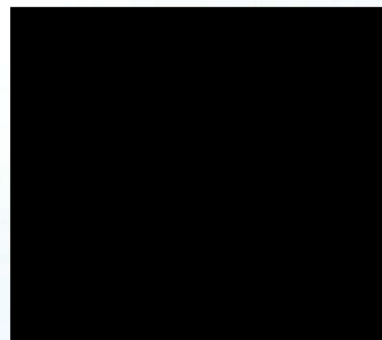
No Comment

☐

Comments:

I Object to the R.L.D.P. version  
for many reasons, But mainly  
traffic & Safety.

What Are You doing  
to Our lovely Town.





## IMPORTANT INFORMATION

Thank you for your comments. Following the consultation, the Council will consider the responses and prepare a report of consultation, which will form part of the evidence for the Replacement Local Development Plan.

Completed Representation Forms and any supporting information should be returned to the LDP Team:

**BY EMAIL** – [ldp@valeofglamorgan.gov.uk](mailto:ldp@valeofglamorgan.gov.uk)

**ONLINE** – By completing the electronic form at <https://valeofglamorgan.oc2.uk/>

**BY POST** – Planning Policy Team, Vale of Glamorgan Council, Civic Offices, Holton Rd, Barry, CF63 4RU

If you require any further information or have any questions, please contact the LDP Team on 01446 704681 or e mail [ldp@valeofglamorgan.gov.uk](mailto:ldp@valeofglamorgan.gov.uk)

Submissions are welcome in either Welsh or English and this representation form is available in other formats on request e.g. Welsh, large print.

### How we will use your information

On 25th May 2018 the General Data Protection Regulation (GDPR) came into force, placing new restrictions on how organisations can hold and use your personal data and defining your rights with regard to that data. Any personal information disclosed to us will be processed in accordance with our Privacy Notice. A paper copy of the Council's Privacy Notice can be provided upon request or can be viewed at: [https://www.valeofglamorgan.gov.uk/en/our\\_council/Website-Privacy-Notice.aspx](https://www.valeofglamorgan.gov.uk/en/our_council/Website-Privacy-Notice.aspx)

**Data Protection Notice** – Please note that all comments received cannot be treated as confidential and once duly reported and considered, will be available for public inspection. We will also hold your contact details on our Replacement LDP Consultation Database for the duration of the RLDP preparation process which will keep you informed of future updates. If you would like to be removed from the database at any time and no longer wish to receive correspondence from the Council on the RLDP, then this can be requested in writing. However, any information provided will be stored safely and retained in accordance with Vale of Glamorgan Council's data retention policy unless it needs to be retained under another lawful basis.

**REPRESENTATION FORMS SHOULD BE RETURNED BY NO LATER THAN**

**23:55 ON WEDNESDAY 11<sup>th</sup> MARCH 2026**

**REPRESENTATIONS RECEIVED AFTER THIS TIME WILL NOT BE CONSIDERED**

Signed:



Date:

8. 3. 2026