

Representation Form – Part B Regulation 19 Consultation: Proposed Submission Local Plan

Please **use a separate form for each representation**. Representations need to be attached to Part A of the representation form. Please note that we cannot accept anonymous responses.

Please print your name on each separate Part B representation.

Name (Print)	
Date	

1. To which part of the Local Plan (or supporting document) does this representation relate?

Please state clearly which policy, paragraph, map, diagram or table.

2. Do you consider the Local Plan is?

Legally compliant? Please select one answer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sound? Please select one answer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please refer to guidance note for further explanation. If you have indicated that the plan is sound please skip question 3 and continue to question 4.

3. If you consider the Plan is unsound, on which grounds do you consider the document is unsound?

Please select as many as you consider apply.

Positively Prepared	<input type="checkbox"/>
Justified	<input type="checkbox"/>
Effective	<input type="checkbox"/>
Consistent with national policy	<input type="checkbox"/>

4. Please provide details of why you consider the Local Plan is not legally compliant or is unsound. Please be as precise as possible. If you wish to support the legal compliance or soundness of the plan, please also use this box to set out your comments.

5. Please set out what change(s) you consider necessary to make the Local Plan legally compliant or sound, having regard to the tests you have identified in question 3 above where this relates to soundness.

Please say why you consider the change(s) will make the Local Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

6. If your representation is seeking a change, do you consider it necessary to participate at the oral part of the examination?

No		Yes	
I do not wish to participate		I wish to participate	

7. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:

Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the examination.

Please attach any addition documentation as you consider necessary to support your representation.

Representations cannot be kept confidential. All representations received and any information provided will be open to public scrutiny including publication on the Council's consultation portal website. Personal information (such as you address or email address) will remain confidential.

PLEASE RETURN COMPLETED FORMS TO:

ldf@Sedgemoor.gov.uk

Or by post to:

**Planning Policy Team
Strategy & Development
Sedgemoor District Council
Bridgwater House
King Square
Bridgwater
Somerset
TA6 3AR**

If you have any queries regarding the consultation process please do not hesitate to contact the Planning Policy Team on 01278 435544.