** Amendments to the**

**Proposed Submission Adur Local Plan**

**(2016)**

# Representation Form

**Return Address:adur[planningpolicy@adur-worthing.gov.uk](mailto:planningpolicy@adur-worthing.gov.uk)**

**Or:**

**Planning Policy Team, Adur and Worthing Councils, Town Hall, Chapel Road, Worthing, BN11 1BR**

**Or hand in at:**

* **Shoreham Centre, 2 Pond Road, Shoreham-by-Sea, BN43 5WU or**
* **Portland House, 44 Richmond Road, Worthing, BN11 1HS**

**Please return to Adur District Council by midnight on 11th May 2016**

**Late representations will not be considered.**

**Please note that at this stage, representations are only being sought on whether the amendments to the Plan are sound and/or legally compliant.**

http://webarchive.nationalarchives.gov.uk/20100304151554/http:/ico.gov.uk/upload/images/content/padlock_small.jpg

**Use of your information:** Respondent details and representationswill be forwarded to the Secretary of State for consideration when the Adur Local Plan is submitted for examination. All documents will be held by Adur District Council and representationswill be published including on the internet e.g. [www.adur-worthing.gov.uk](http://www.adur-worthing.gov.uk). Personal contact details (address, email and phone number) will be removed from published copies of representations. Your information will be handled in accordance with Data Protection Act 1998.

Contact details will be added to the Adur Planning Policy consultees database to keep you informed on the progress of the Adur Local Plan and other related documents.

Please tick if you do **not** want to be informed.

This form has two parts:

1. Part A - Respondent Details. You only need to fill this in once.
2. Part B - Your representation(s). Please fill in a separate sheet for each representation you make.

**It is recommended that you read the Guidance Notes provided for an explanation of terms used in this form**

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| **Part A – Personal Information**  **You only need to complete this section once** |

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| **Personal Details** |

First name

Last name

Organisation

(where applicable)

Address line 1

Address line 2

Address line 3

Post Code Telephone

Email address

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| **Agent’s Details** (if applicable) |

First name

Last name

Organisation

Job Title

Address line 1

Address line 2

Address line 3

Post Code Telephone

Email address

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| **Part B – Representation**  **Please use separate sheets for each representation** |

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| 1. **Which Amendment(s) to the Adur Local Plan does this representation relate to?** |

**Amendments relating to:**

Policy No. Paragraph No.

Map Other section

(please specify)

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| 1. **Do you consider the Amendment(s) to be:** (tick as appropriate) |

**2.1** Legally Compliant Yes  No

**2.2** Sound Yes  No

**Please read the Guidance Note for guidance on legal compliance and soundness.**

**If you have ticked no to 2.1, please continue to Q4.**

**If you have ticked no to 2.2, please continue to Q3.**

**If you have ticked yes to 2.1 and 2.2 please go to Q7.**

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| 1. **Do you consider the Amendment(s) to the Adur Local Plan to be unsound because it is not:** (tick as appropriate) |

* 1. Positively Prepared
  2. Justified
  3. Effective
  4. Consistent with National Policy

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| 1. **If you consider the Amendment(s) to the Adur Local Plan to be unsound or not legally compliant, please explain why in the box below:** |
| (Continue on a separate sheet if necessary) |

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| 1. **Please explain in the box below what change(s) you consider necessary to make the Amendment(s) to the Adur Local Plan legally compliant and sound having regard to the reason you identified above.**   **(You will need to say why this change will make it legally compliant or sound. It will be helpful if you are able to put forward your suggested or revised wording. Please be as precise as possible).** |
| (Continue on separate sheet if necessary) |

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| 1. **If your representation concerns soundness or legal compliance and is seeking a change, do you consider it necessary to attend and give evidence at the hearing part of the examination?** (tick as appropriate) |

**No**, I wish to communicate through written representations

**Yes**, I wish to speak to the Inspector at the hearing sessions

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

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| 1. **If you wish to participate at the hearing part of the examination, please outline why you consider this to be necessary.** |
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| 1. **Please tick if you do not wish to be informed of the following:** |

When the Plan has been submitted for Examination

When the recommendations from the Examination have been

Published

When the Local Plan has been adopted

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| **What happens next?**  Representations made to the Council will be passed to the Inspector for consideration.  Once this has happened, the Inspector will commence the examination and give notice of the start of the hearing sessions.  Interested parties will be informed of the start date of the hearing sessions and the matters to be considered.  **Thank you for your representation.** |