

**Use of your information:** Respondent details and representations will be forwarded to the Inspector for consideration. All documents will be held by Adur District Council and representations will 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.

Comments may also be made on this form in relation to the Addendum to the Sustainability Appraisal of the Adur Local Plan.

Comments received on the proposed Main Modifications within the time period will be considered by the Planning Inspector as part of the examination of the Adur Local Plan.

Please note that at this stage, representations are only being sought on whether the Main Modifications to the Plan are sound and/or legally compliant. Please do not repeat your previous comments as these have already been considered by the Inspector.

Late representations will not be considered.

Please return to Adur District Council by midnight 26th July 2017.

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

Or hand in at:

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

Or:

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

## Submission Adur Local Plan Main Modifications Representation Form

ADUR DISTRICT COUNCIL  
ADUR HELP POINT  
RECEIVED  
20 JUN 2017  
CHIEF EXECUTIVES DEPT  
PASSED TO



ADUR DISTRICT  
COUNCIL



Address line 1

Address line 2

Address line 3

Post Code

Telephone

Email address

**Part B – Representation**

Please use separate sheets for each Main Modification you wish to comment on.

**1. Which Main Modification to the Adur Local Plan does this representation relate to?**

Amendments relating to:

Main Modification no:

or  
Sustainability Appraisal  
(Please state which part):

PROTECT AND ENHANCE  
WATER QUALITY

Please go to Q6 to comment on the Sustainability Appraisal

**2. Do you consider the Main Modification(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.

5. Please explain in the box below what change(s) you consider necessary to make the Main Modification(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).

YOU MAKE NO ALTERATIONS FOR  
THE PROVISION OR SIGHTING FOR  
THE DE-SMOKING PLANT

(Continue on separate sheet if necessary)

**6. Please add any comments in relation to the Addendum to the Sustainability Appraisal of the Adur Local Plan in the box below.**

3. Do you consider the Main Modification(s) to the Adur Local Plan to be  
unsound because it is not: (tick as appropriate)

3.1 Positively Prepared

3.2 Justified

3.3 Effective

3.4 Consistent with National Policy

4. If you consider the Main Modification(s) to the Adur Local Plan to be  
unsound or not legally compliant, please explain why in the box below:

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:

- i. Part A - Respondent Details. You only need to fill this in once.
- ii. 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

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

**Personal Details**

First name

MICHAEL

Last name

HUBBARD

Organisation  
(where applicable)

Address line 1

Address line 2

Address line 3

Post Code

Telephone

Email address

**Agent's Details (if applicable)**

First name

Last name

Organisation

Job Title