





ADUR DISTRICT COUNCIL, BRIGHTON & HOVE CITY COUNCIL, WEST SUSSEX COUNTY COUNCIL

Representation Form

Town and Country Planning (Local Planning) (England) Regulations 2012

Proposed Submission Shoreham Harbour Joint Area Action Plan

Return Address:

consultation@shorehamharbour.com

Or:

Shoreham Harbour Regeneration, c/o Adur District Council, Town Hall, Chapel Road, Worthing, BN11 1BR

Please return to Shoreham Harbour Regeneration by midnight on 22 December 2017

Late representations will not be considered.

Use of your information Respondent details and representations will be forwarded to the Secretary of State for Communities and Local Government for consideration when the Joint Area Action Plan is submitted for examination. All documents will be held by Adur District Council, Brighton & Hove City Council and West Sussex County Council. Representations will be published including on the councils' webistes. 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 Shoreham Harbour Regeneration 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.

| You only need to complete this section once | | | | | |
|---|---------------------------|--|--|--|--|
| Personal Details | | | | | |
| | | | | | |
| First name | Tim | | | | |
| Last name | Slaney | | | | |
| Organisation (where applicable) | South Downs National Park | | | | |
| Address line 1 | | | | | |
| Address line 2 | | | | | |
| Address line 3 | | | | | |
| Post Code | Telephone | | | | |
| Email address | | | | | |
| Agent's Details (if app | olicable) | | | | |
| First name | | | | | |
| Last name | | | | | |
| Organisation | | | | | |
| Job Title | | | | | |
| Address line 1 | | | | | |
| Address line 2 | | | | | |
| Address line 3 | | | | | |
| Post Code | Telephone | | | | |
| Email address | | | | | |

Part B – Representation

| Please use separate sheets for each representation | | | | | |
|--|--|--------------|--------------|-------------------------|---------------|
| | | | | | |
| 1. | . Which part of the to? | Joint Area / | Action Plan | does this represent | tation relate |
| Polic Map | y No. SH2 | | agraph No. | 3.2.14 – 3.2.21 | |
| ινιαρ | | | ase specify) | | |
| | | | | | |
| 2. | . Do you consider | the Joint Ar | ea Action F | Plan to be: (tick as ap | ppropriate) |
| | | | | | |
| 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. | | | | | |
| ; | 3. Do you consider is not: (tick as ap | | rea Action | Plan to be unsound | because it |
| | is not. (not as ap | propriate) | | | |
| 3.1 | Positively Prepared | | | | |
| 3.2 | Justified | | | | |
| 3.3 | Effective | | | | |
| 3.4 | Consistent with Nati | onal Policy | | | |

| 4. | If you consider the Joint Area Action Plan to be unsound or not legally compliant, please explain why in the box below: |
|----|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| 5. Please explain in the box below what change(s) you consider necessary to make the Joint Area Action Plan legally compliant and sound having regard to the reason you identified above. |
|---|
| (You will need to say why this change will make the plan legally compliant or sound. It will be helpful if you are able to put forward your suggested or revised wording of any policy or supporting text. Please be as precise as possible). |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

8. Please tick if you **DO NOT** wish to be informed of the following: When the Shoreham Harbour Joint Area Action Plan has been submitted for independent examination Consultation on any further changes to the Shoreham Harbour Joint Area Action Plan The date of the Examination in Public Publication of the Inspector's report Adoption of the Shoreham Harbour Joint Area Action Plan What happens next? Representations made to the councils 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 making representations.







ADUR DISTRICT COUNCIL, BRIGHTON & HOVE CITY COUNCIL, WEST SUSSEX COUNTY COUNCIL

Representation Form

Town and Country Planning (Local Planning) (England) Regulations 2012

Proposed Submission Shoreham Harbour Joint Area Action Plan

Return Address:

consultation@shorehamharbour.com

Or:

Shoreham Harbour Regeneration, c/o Adur District Council, Town Hall, Chapel Road, Worthing, BN11 1BR

Please return to Shoreham Harbour Regeneration by midnight on 22 December 2017

Late representations will not be considered.

Use of your information Respondent details and representations will be forwarded to the Secretary of State for Communities and Local Government for consideration when the Joint Area Action Plan is submitted for examination. All documents will be held by Adur District Council, Brighton & Hove City Council and West Sussex County Council. Representations will be published including on the councils' webistes. 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 Shoreham Harbour Regeneration 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.

| You only need to complete this section once | | | | | |
|---|---------------------------|--|--|--|--|
| Personal Details | | | | | |
| | | | | | |
| First name | Tim | | | | |
| Last name | Slaney | | | | |
| Organisation (where applicable) | South Downs National Park | | | | |
| Address line 1 | | | | | |
| Address line 2 | | | | | |
| Address line 3 | | | | | |
| Post Code | Telephone | | | | |
| Email address | | | | | |
| Agent's Details (if app | olicable) | | | | |
| First name | | | | | |
| Last name | | | | | |
| Organisation | | | | | |
| Job Title | | | | | |
| Address line 1 | | | | | |
| Address line 2 | | | | | |
| Address line 3 | | | | | |
| Post Code | Telephone | | | | |
| Email address | | | | | |

Part B – Representation

| Please use separate sheets for each representation | | | | | |
|--|--|----------------|---------------------------------------|------------------------|---------------|
| | | | | | |
| 1 | . Which part of the to? | Joint Area A | ction Plan | does this represen | tation relate |
| Polic Map | ey No. CA7 | Other | graph No. r section se specify) | |] |
| 2 | . Do you consider t | he Joint Are | ea Action F | Plan to be: (tick as a | ppropriate) |
| 2.1 | Legally Compliant | Yes ⊠ Yes ⊠ | | No □ 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. | | | | | |
| | Do you consider is not: (tick as app | | ea Action | Plan to be unsound | l because it |
| | . | | | | |
| 3.1 | Positively Prepared | | | | |
| 3.2 | Justified | | | | |
| 3.3 | Effective | | | | |
| 3.4 | Consistent with Nation | onal Policy | | | |

| 4. | If you consider the Joint Area Action Plan to be unsound or not legally compliant, please explain why in the box below: |
|----|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| 5. Please explain in the box below what change(s) you consider necessary to make the Joint Area Action Plan legally compliant and sound having regard to the reason you identified above. |
|---|
| (You will need to say why this change will make the plan legally compliant or sound. It will be helpful if you are able to put forward your suggested or revised wording of any policy or supporting text. Please be as precise as possible). |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

8. Please tick if you **DO NOT** wish to be informed of the following: When the Shoreham Harbour Joint Area Action Plan has been submitted for independent examination Consultation on any further changes to the Shoreham Harbour Joint Area Action Plan The date of the Examination in Public Publication of the Inspector's report Adoption of the Shoreham Harbour Joint Area Action Plan What happens next? Representations made to the councils 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 making representations.