**Changes to the Pre-Submission Local Plan
Representation form**

## **Your privacy matters: How the information collected by this form will be used**

Our legal basis for using your personal data is to meet our legal obligations under planning legislation - the Town and County Planning (Local Planning) (England) Regulations – which require public consultation to be undertaken.

A copy of this form will be passed onto the Planning Inspectorate so that an effective examination of the Local Plan can take place informed by the representations submitted.

**PART A: CONTACT DETAILS**

**1** - Please provide your contact details and those of your agent (if appointed).

|  |  |
| --- | --- |
| ***Field*** | ***Insert your content below*** |
| **Contact name** |  |
| **Organisation** |  |
| **Email** |  |
| **Phone** |  |
| **Address** |  |
| **Postcode** |  |
| **Agent name (if applicable)** |  |
| **Agent organisation** |  |
| **Agent email** |  |
| **Agent phone** |  |
| **Agent address** |  |
| **Agent postcode** |  |

Further information can be found within the document ‘How to submit your comment: A step-by-step guide to commenting on the Changes to the Pre-Submission Local Plan’ via our website www. havant.gov.uk/local plan. This should be read before completing the consultation form.

**PART B: YOUR REPRESENTATION**

**Soundness**

**2** - Which change to the Local Plan are you commenting on?

|  |  |
| --- | --- |
| ***Field*** | ***Insert your content below*** |
| **Please use a change reference where possible** |  |

**3** - With the change(s), do you consider this version of the local plan to be sound in terms of being:

|  |  |  |
| --- | --- | --- |
| ***Field*** | ***Yes*** | ***No*** |
| **Justified** |  |  |
| **Effective** |  |  |
| **Positively prepared** |  |  |
| **Consistent with National Policy** |  |  |

**4** - With the change(s) please give the reason(s) why you do or do not consider this version of the local plan to be sound.
Please be as specific and concise as possible in your response.

|  |
| --- |
| ***Insert your content below*** |
|  |

**5** - Please explain what further changes are needed to make the Local Plan sound.
Please suggest revised wording of policy or text.

|  |
| --- |
| ***Insert your content below*** |
|  |

**Legal Compliance:**

**6** - Which change to the Local Plan are you commenting on?

|  |  |
| --- | --- |
| ***Field*** | ***Insert your content below*** |
| **Please use a change reference where possible** |  |

**7** - With the change(s), do you consider this version of the local plan to be prepared in line with legal and procedural requirements?
Please see guidance notes.

|  |  |
| --- | --- |
| ***Field*** | ***Insert your content below*** |
| **Yes** |  |
| **No** |  |

**8** - With the change(s) please give the reason(s) why you do or do not consider this version of the Local Plan to have been prepared in line with legal and procedural requirements?
Please be as specific and concise as possible in your response.

|  |
| --- |
| ***Insert your content below*** |
|  |

**9** - Please explain what further changes are needed to make the Local Plan legally compliant.
Please suggest revised wording of policy or text.

|  |
| --- |
| ***Insert your content below*** |
|  |

**10** - Do you need to appear at the examination hearings?

|  |  |
| --- | --- |
| ***Field*** | ***Insert your content below*** |
| **Yes** |  |
| **No** |  |

Please be aware that your comments within this form will carry the same weight as any evidence presented at the examination hearings. It is the inspector’s choice as to who is invited to appear at the hearings.

**11** - If you wish to appear before the inspector at the examination hearings, please explain why this is necessary

|  |
| --- |
| ***Insert your content below*** |
|  |

12 - Do you wish to be notified of the following:

• The Local Plan has been submitted for examination

• The appointment of an independent examiner

• The adoption of the Local Plan

|  |  |
| --- | --- |
| ***Field*** | ***Insert your content below*** |
| **Yes** |  |
| **No** |  |

**13** - Please confirm the date that this form was completed.

|  |  |
| --- | --- |
| ***Field*** | ***Insert the date of completion below*** |
| **Date** |  |

**PART C: SUPPORTING DOCUMENTS**

14 - Please list any supporting documents that you are submitting with this form.

|  |
| --- |
| ***Insert your content below*** |
|  |