**Uttlesford Local Plan 2021-2041**

Regulation 19 Publication Stage Representation Form

**Your information**

**How we handle your information**

Information you provide will be treated in accordance with the General Data Protection Regulation (GDPR) (EU) 2016/679. Your contact details will be used solely for the purpose of contacting you about your consultation response. You should refer to our Planning Policy Privacy Notice for an explanation as to what we do with your personal information, how long we keep it and your right to withdraw your consent at any time you choose.

Please note that it is a requirement of the Local Plan process that comments can only be accepted if they are received in writing (online, via email or via post). Comments made verbally or anonymously cannot be accepted, including those made at public exhibitions.

The Council is obliged to make all representations available for public inspection on its website.

**The consultation runs from Thursday 8th August 2024 to 23:59 Monday 14th October.**

Please return your consultation form:

Planning Policy

Uttlesford District Council

London Road

Saffron Walden

CB11 4ER

Telephone: 01799 510510

Email: localplan@uttlesford.gov.uk

**This form has two parts:**

Part A – Personal Details: need only be completed once.

Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make on individual chapters, evidence, maps or policies.

We recommend using the online survey form available at <https://www.uttlesford.gov.uk/reg-19-consultation> when responding to this consultation.

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| --- | --- | --- | --- | --- | --- | --- |
| **Part A – Personal Details** | | | | | | |
| 1. Personal Details\* |  |  |  |  |  | 2. Agent’s Details (if applicable) |
| \**If an agent is appointed, please complete only the Title, Name and Organisation (if applicable)*  *boxes below but complete the full contact details of the agent in 2.* | | | | | | |
| Title |  | | |  | |  |
|  | | | | | |  |
| First Name |  | | |  | |  |
|  | | | | | |  |
| Last Name |  | | |  | |  |
|  | | | | | |  |
| Job Title |  | | |  | |  |
| (where relevant) | | | | | |  |
| Organisation |  | | |  | |  |
| (where relevant) | | | | | |  |
| Address Line 1 |  | | |  | |  |
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| Line 2 |  | | |  | |  |
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| Line 3 |  | | |  | |  |
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| Line 4 |  | | |  | |  |
|  | | | | | |  |
| Post Code |  | | |  | |  |
|  | | | | | |  |
| Telephone Number |  | | |  | |  |
|  | | | | | |  |
| E-mail Address |  | | |  | |  |
| (where relevant) | | | | | |  |

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| **Part B - Please use a separate sheet for each representation** |

3. Please indicate which chapter, policy, map or evidence document you want to comment on in the box below.

|  |
| --- |
|  |

4. Do you consider the Local Plan to be (please put a cross in the relevant box):

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 4(a). Legally Compliant |  |  |
| 4(b). Sound |  |  |
| 4(c). Compliant with the duty to co-operate |  |  |

5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible.

If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

|  |
| --- |
| (Continue on a separate sheet /expand box if necessary) |

6. Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination).

You will need to say why each modification 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. Please be as precise as possible.

|  |
| --- |
| (Continue on a separate sheet /expand box if necessary) |

***Please note*** *In your representation you should provide succinctly all the evidence and supporting information necessary to support your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions.*

***After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he or she identifies for examination.***

7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No**, I do not wish to  participate in  hearing session(s) |  | **Yes**, I wish to participate in  hearing session(s) |

8. If you wish to participate in the hearing session(s), please outline why you consider this to be necessary:

|  |
| --- |
| (Continue on a separate sheet /expand box if necessary) |

***Please note*** *the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in*

*hearing session(s). You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.*