

**Babergh Mid Suffolk Joint Local Plan 2018-2037**

**Pre-Submission Regulation 19**

**Paper Representations Form**

Pre-Submission Regulation 19 stage of Babergh Mid Suffolk Joint Local Plan public representations period runs from 12th November 2020 to 24th December 2020 (6 weeks).

Regulation 19 - Town and Country Planning (Local Planning) (England) Regulations 2012

**Representations must be received no later than 12 noon on 24th December 2020.**

Online facilities are available to draft and submit comments electronically.

Alternatively, please completed this form and return via email: **localplan@baberghmidsuffolk.gov.uk** orpost to **Babergh & Mid Suffolk Councils, Planning Policy Team, Endeavour House, 8 Russell Road, Ipswich IP1 2BX**.

If assistance is required, please contact the Council’s Strategic Planning Policy Team via email address stated above or by telephone on 0300 1234 000 option 5, then 4.

This form has two parts: Part A for personal details and Part B for your representation.

**Please make clear what part of the Joint Local Plan you are responding to and complete a separate form for each representation you wish to make.**

Please note each representation must be signed and dated.

All comments received will be made publicly available and may be identifiable by name / organisation. All other personal information provided will be protected in accordance with the Data Protection Act 2018.

**Part A**

**Section 1: Personal Details**

|  |  |
| --- | --- |
| **Title:** |  |
| **First Name:** |  |
| **Last Name:** |  |
| **Job Title (where relevant):** |  |
| **Organisation (where relevant):** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |

**Section 2: Agent Details (if applicable)**

Please supply the details below of any agent you have working on your behalf**.**

|  |  |
| --- | --- |
| **Agent name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone number:** |  |
| **Email:** |  |

**Part B**

**Please fill in a separate form for each representation**

The Joint Local Plan will be examined by an independent inspector in order to assess whether the plan has been prepared in accordance with the legal and procedural requirements, and whether it is sound.

**Section 3: Section of Joint Local Plan**

|  |  |
| --- | --- |
| **Name or Organisation:** |  |
| **Client: (if relevant)** |  |
| **To which part of the Joint Local Plan does this representation relate?** |
| **Section and Paragraph:** |  |
| **Policy:** |  |
| **Policies Map:** |  |

**Section 4: Legal Compliance & Duty to Cooperate**

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| **Do you consider the Joint Local Plan is:** (tick as appropriate) |
|  | **Yes (Support)** | **No (Object)** |
| 1. **Legally and procedurally compliant:**
 |  |  |
| 1. **Sound:**
 | 1. **Positively prepared**
 |  |  |
| 1. **Justified**
 |  |  |
| 1. **Effective**
 |  |  |
| 1. **Consistent with national policy**
 |  |  |
| 1. **In Compliance with the Duty to Cooperate**
 |  |  |

**Section 5: Details of Representation**

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| **If you wish to support or object to the legal compliance or soundness of the Joint Local Plan or with the Duty to Cooperate, please use this box to set out and explain your comments. Please be as precise as possible, and provide a 100 word summary of each point.** |
| (Continue on a separate sheet if necessary. Please remember to include on any separate sheets the name/organisation and details of which section, paragraph, policy or element of the policies map your representation relates) |

**Section 6: Proposed Modifications to the Joint Local Plan**

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| **Please set out what modification(s) you consider necessary to make the Joint Local Plan legally compliant or sound, having regard to the test(s) you have identified above where this relates to soundness.** (NB Please note that any non-compliance with the Duty to Cooperate is incapable of modification at examination) You will need to say why this modification will make the Joint 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 if necessary. Please remember to include on any separate sheets the name/organisation and details of which section, paragraph, policy or element of the policies map your representation relates) |

**Please note** your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested modification, as there will not be a subsequent opportunity to make further representations based on the original representation at publication stage.

After the representations period of the Pre submission Babergh and Mid Suffolk Joint Local Plan has closed, further submissions will only be at the request/invitation of the Inspector, based on the matters and issues debated at the examination.

**Section 7: Participation at the Examination**

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| **If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the examination?** (please select one answer with a tick) |
| Yes, I wish to participate at the oral examination |  |
| No, I do not wish to participate at the oral examination |  |
| **If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:** |
|  |

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

**Section 8: Being Kept Informed**

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| **Would you like to be kept informed of the progress of the Babergh and Mid Suffolk Joint Local Plan through to adoption?** (please select one answer with a tick) |
| Yes, I want to be kept informed |  |
| No, I do not want to be kept informed |  |

**Please note** that if you do not wish to be kept informed of the progress of the Babergh and Mid Suffolk Joint Local Plan through to adoption, you will not receive any subsequent updates relating to the Local Plan examination etc.

**Section 9: Signature & Date of Representation**

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| **Please sign and date below:** |
| **Signature:** |  |
| **Date:** |  |

After the end of the representation period the Councils will submit all individual representations received to the Secretary of State, together with a summary of the main issues raised during the representations period.

Information that you provide in your representation, including personal information, may be published or disclosed in accordance with the Environmental Information Regulations 2004 (EIR), or the Freedom of Information Act (FOI). If you want the information that you provide to be treated as confidential, please tell us, but be aware that under the EIR and FOI, we cannot guarantee confidentiality.

However, if you are submitting representations as an individual, the Council will process your personal data in accordance with the Data Protection Act 2018 and this means that if you request confidentiality, your personal information will not be disclosed to third parties.

For more information on how we do this and your rights with regards to your personal information, and how to access it, please visit our website or call Customer Services on 0300 123 4000 and ask to speak to the Information Governance Officer.

|  |  |
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| **If you wish to request that the personal details submitted with this representation are treated in confidence and not published.** (please tick the box) |  |
| Please explain below, why you have made this request: |

**Babergh and Mid Suffolk District Councils**

Strategic Planning Policy Team, Endeavour House, 8 Russell Road, Ipswich IP1 2BX

Planning Policy Team | 0300 1234 000 option 5 then 4 | localplan@baberghmidsuffolk.gov.uk