

**Bath & North East
Somerset Council**

Improving People's Lives

Local Plan
Publication Stage Representation
Form

Ref:

**(For
official
use only)**

**Name of the Local Plan to which
this representation relates:**

Bath & North East Somerset Council

**Please return to Bath and North East Somerset Council
BY 23:59 on the 8th October 2021**

Please note that while anyone can comment on consultations on local Planning Policy documents, we cannot accept confidential or anonymous comments and your name (but not any other details) may be published alongside the comments. For more information on what Planning does with personal information please see the [Council's privacy policy](#) and the [Planning specific privacy policy](#).

Please send completed forms by post to: Planning Policy Team, Lewis House, Manvers Street, Bath BA1 1JG

This form can also be [completed online](#):

<https://consultation.westofengland-ca.gov.uk/bath-north-east-somerset/lppu-draft/>

Users who complete the form online will receive a receipt and a link to a PDF copy of their response upon submission. There is also a 'save and return' feature, which allows respondents to come back to their incomplete survey response at a later date without losing the information they've already entered.

Please note that you must have cookies enabled in your web browser to use this feature, and the feature is not available for responses that have already been completed and submitted.

If you are having difficulty in submitting representations, please contact planning_policy@bathnes.gov.uk or call 01225 39 40 41 (Option 6)

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.

Part A

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 on the left, but complete the full contact details of the agent in the boxes on the right.*

Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Job Title (where relevant)	<input type="text"/>	<input type="text"/>
Organisation (where relevant)	<input type="text"/>	<input type="text"/>
Address Line 1	<input type="text"/>	<input type="text"/>
Line 2	<input type="text"/>	<input type="text"/>
Line 3	<input type="text"/>	<input type="text"/>
Line 4	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
E-mail Address (where relevant)	<input type="text"/>	<input type="text"/>

Part B – Please use a separate sheet for each representation

Name or Organisation:

3. To which part of the Local Plan does this representation relate?

Paragraph Policy Policies Map

4. Do you consider the Local Plan:

4 (1) is legally compliant

Yes

No

4 (2) is sound

Yes

No

4 (3) complies with the
Duty to co-operate

Yes

No

Please indicate as appropriate

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)

Please note that while this will provide an initial indication of your wish to participate in hearing session(s), you may be asked at a later point to confirm your request to participate.

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.