



## CHARMOUTH NEIGHBOURHOOD PLAN

Regulation 16 Consultation **Friday 18 June 2021 until Friday 30 July 2021**

### Response Form

The proposed Charmouth Neighbourhood Plan has been submitted to Dorset Council for examination. The neighbourhood plan and supporting documentation can be viewed on Dorset Council's website:

<https://www.dorsetcouncil.gov.uk/charmouth-neighbourhood-plan>

**Please return completed forms to:**

Email: [NeighbourhoodPlanning@dorsetcouncil.gov.uk](mailto:NeighbourhoodPlanning@dorsetcouncil.gov.uk)

Post: Spatial Planning, Dorset Council, County Hall, Colliton Park,  
Dorchester, DT1 1XJ

**Deadline:** **End of Friday 30 July 2021.** Representations received after this date will not be accepted.

---

### Part A – Personal Details

This part of the form must be completed by all people making representations as **anonymous comments cannot be accepted**. By submitting this response form you consent to your information being disclosed to third parties for this purpose, personal details will not be visible on our website, although they will be shown on paper copies that will be sent to the independent examiner and available for inspection. Your information will be retained by the Council in line with its retention schedule and privacy policy ([www.dorsetcouncil.gov.uk/privacypolicy](http://www.dorsetcouncil.gov.uk/privacypolicy)). Your data will be destroyed when the plan becomes redundant.

	Personal Details *	Agent's Details *
Title		
First Name		
Last Name		

Job Title(if relevant)		
Organisation (if relevant)		
Address		
Postcode		
Tel. No.		
Email Address		

*\*If an agent is appointed, please complete only the Title, Name and Organisation boxes to the personal details but complete the full contact details of the agent. All correspondence will be sent to the agent.*

## Part B – Representation

**1. To which document does the comment relate?** *Please tick one box only.*

<input type="checkbox"/>	Submission Plan
<input type="checkbox"/>	Consultation Statement
<input type="checkbox"/>	Basic Conditions Statement
<input type="checkbox"/>	Other – please specify:-

**2. To which part of the document does the comment relate?** *Please identify the text that you are commenting on, where appropriate.*

	<i>Location of Text</i>
Whole document	
Section	
Policy	
Page	
Appendix	

**3. Do you wish to?** *Please tick one box only.*

<input type="checkbox"/>	Support
<input type="checkbox"/>	Object
<input type="checkbox"/>	Make an observation

**4. Please use the box below to give reasons for your support or objection, or to make your observation.**

*Continue on a separate sheet if necessary*

**5. Please give details of any suggested modifications in the box below.**

--

*Continue on a separate sheet if necessary*

**6. Do you wish to be notified of Dorset Council's decision to make or refuse to make the neighbourhood plan? Please tick one box only.**

	Yes
	No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*If submitting the form electronically, no signature is required.*