



STINSFORD NEIGHBOURHOOD PLAN

Regulation 16 Consultation **Wednesday 13 October 2021 until Wednesday 24 November 2021**

Response Form

The proposed Stinsford 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/stinsford-neighbourhood-plan>

Please return completed forms to:

Email: NeighbourhoodPlanning@dorsetcouncil.gov.uk

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

Deadline: End of Wednesday 24 November 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). Your data will be destroyed when the plan becomes redundant.

	Personal Details *	Agent's Details *
Title	Ms.	
First Name	Vivien	

Last Name	Ledger	
Job Title(if relevant)		
Organisation (if relevant)		
Address	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px;"></div>	
Postcode	<div style="background-color: black; width: 60px; height: 15px;"></div>	
Tel. No.	<div style="background-color: black; width: 120px; height: 15px;"></div>	
Email Address	<div style="background-color: black; width: 250px; height: 15px;"></div>	

**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.

x	Submission Plan
	Consultation Statement
	Basic Conditions Statement
	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	Natural environment (3)

	Cultural and historic (4)environment
Policy	SNP1 SNP6 SNP7 SNP*
Page	
Appendix	

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

<input checked="" 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.

I wish to support the Stinsford neighbourhood plan draft. I do not live in the parish but live in the the fordington area of Dorchester adjacent to the parish and am a frequent user of areas of the parish for leisure and exercise purposes eg Thorncombe woods and the area upto and north of blue bridge and grey bridge. I also visit Hardy's cottage and Stinsford church.

I am keen that the natural environment is continued to be protected and that the needs of visitors, residents and wildlife are met in a balanced way. I am also interested in the preservation of the cultural and historic environment.

I wish to support the neighbourhood plan draft in particular policies SNP1, SNP6, SNP7 and SNP8 I agree that any future development must avoid having an adverse impact on wildlife, that appropriate recreational access to the countryside should be supported and that the Stinsford historic environment and Thomas Hardy connection should be protected.

Continue on a separate sheet if necessary

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

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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.

x	Yes
	No

Signature: _____Viv Ledger_____

Date: 17.11.2021

If submitting the form electronically, no signature is required.